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Abstract

Background: In the context of palliative care (PC), individuals often face communication and swallowing challenges that necessitate speech-language pathology (SLP) intervention. However, there are current shortfalls in preparing SLP students for this unique field of practice. While some research addresses theoretical aspects, limited knowledge exists regarding the practical and systemic factors that hinder or facilitate students' clinical placements in PC.

Aims: This study aims to uncover barriers and facilitators in successful PC clinical placements by gathering insights from experienced SLPs working in the field.

Method: Eight Australian SLPs, each with over a year of palliative care experience, participated in two focus groups. Qualitative data was analysed using reflexive thematic analysis and inductive coding.

Results: The findings identified several key themes and sub-themes related to the role of universities in improving PC placements. Three categories of factors emerged: (i) fixed elements inherent to PC, such as its unique caseload; (ii) flexible elements modifiable by universities, like student preparedness; and (iii) variable elements beyond university control, including student characteristics.

Conclusion: This research emphasises the importance of well-prepared SLP students engaging in successful PC placements. Achieving this requires adequate training from universities and support from clinical educators to develop comprehensive clinical competency.

I INTRODUCTION

Speech pathology practice and associated literature indicates a growing interest and need for integration of the speech-language pathologist (SLP) within the palliative care (PC) setting (Chahda et al., 2021; Kelly et al., 2016; Pollens, 2004; Roe & Leslie, 2010). As outlined by Speech Pathology Australia (2020) in the Professional Standards for Speech Pathologists in Australia, the role of SLPs is to support individuals' rights to optimal communication and swallowing across the lifespan. This includes individuals at end of life, and who are receiving PC. A significant proportion of individuals requiring PC will have reduced communication and/or swallowing function, which require the attention of an SLP to assess individual needs, develop an intervention plan to provide relief, maintain function where possible, and support quality of life (Eckman & Roe, 2005; Kelly et al., 2016). In addition, SLPs can also provide augmented or alternative means of communication to ensure that the person's needs and messages are conveyed and understood, which empowers the person and their family in the decision-making process pertaining to important end-of-life (EoL) discussions (Chandregowda et al., 2021).

The movement to integrate the SLP as an integral member of the PC team has arguably fallen short, with one key issue being that many SLPs are overwhelmingly unprepared for working with clients who are palliative (Bennett et al., 2017; Chahda et al., 2021; Pascoe et al., 2018). This is likely due to the complex and challenging nature of PC that is paralleled by the limited literature contributing to evidence-based practice, as well as the lack of specific training and direct experience available to SLPs (Arnold, 2003; Danis et al., 1999). This is a notable concern, as individuals with PC needs are potentially found in many service settings across the lifespan, not just in specialised PC settings. This means SLPs may come across people receiving PC in a variety of ways, and need to respond confidently and competently to the unique needs of this group.

It is essential that all SLPs, regardless of the level of clinical expertise, have the skill set to appropriately and confidently provide optimal person-centred care to their client who may be approaching EoL (Chahda et al., 2021). This skill set must commence early with speech pathology students to ensure readiness to practice across the lifespan regardless of the health trajectory. Speech pathology students require learning opportunities to develop their skills, knowledge and attributes within a range of practice education experiences (Speech Pathology Australia, 2022). To ensure the development of capabilities to work effectively in PC, student SLPs need to have direct clinical PC experiences in a supervised and structured manner - namely, through clinical placements.

In Australia, SLP tertiary training includes several clinical placements across multiple practice areas, where students learn directly within a practice or service, supervised by a qualified and experienced SLP. While the complexities of PC have been acknowledged, Speech Pathology Australia's (2022) Practice (clinical) education position statement states that there are no areas of speech pathology practice that are considered too complex for student placements, provided appropriate scaffolding and supports are put in place. Nevertheless, there is sparse literature documenting the preparedness of SLPs for working in PC contexts, or specific identification of barriers and facilitators for student SLP placements in PC settings (Chahda et al., 2022; Kelly et al, 2016; Pascoe et al., 2018). However, literature exploring this topic in the broader allied health and nursing field may be relevant and is considered below.

A *Barriers and Facilitators*

There is a recognised emotional toll associated with working with the palliative care population (Krikheli et al., 2017; Von Roenn et al., 2013; Waldron et al., 2011). Irrespective of experience, this is a notable consideration for all healthcare professionals working in PC, and may influence their capacity to facilitate student placement experiences. Clients often have a deteriorating or unstable health status, and students must respond to this, along with the added complexity of a multi-faceted emotional lens from both the individual receiving care as well as the caregivers, families, and/or friends also coming to terms with their loved one nearing EoL (Chahda et al.,

2016). Students need to be able to compartmentalise the emotional burden when working directly with individuals requiring PC services, which requires emotional maturity, resilience and professionalism (Chahda et al., 2021). They may also require an established support network and personal insight to effectively debrief and reflect on their role and mental health pre- and post-consult (Brien et al., 2013; Morgan et al., 2019). These skills can require time and practice to perfect, which are both elements that SLP students and new graduates have unlikely consolidated in their short clinical experience (Kenyatta et al., 2009). Therefore, there is also a need for placement providers to have support systems in place for students. This may include mental health support and protected time to debrief and discuss cases, so that students can manage the cognitive and emotional load that accompanies working in the PC setting (Collins, 2022; Kenyatta et al., 2009).

Another identified barrier is that often the theoretical knowledge taught within the tertiary curriculum pertaining to palliative and EoL care is minimal (Mathisen et al., 2011). Although PC clinical considerations have developed within the speech pathology curriculum over recent years through case studies and lectures, content regarding specialised communication skills and pastoral support strategies is still limited (Buhagiar et al., 2017; Gallagher et al., 2014; Mathisen et al., 2011; Mathisen & Threats, 2018, as cited in Carey & Mathisen, 2018). In addition to these broader clinical skills, the PC setting necessitates strong clinical reasoning and implementing assessment and treatment that often does not necessarily follow a formulaic or stepped approach (Arolker et al., 2010; Macbean et al., 2013). As students' progress through their tertiary training, the expectation is that they demonstrate a growing level of independence in applying clinical reasoning and skills. However, given the complexity of the changing health status of PC patients and the accompanying emotional load, students - even at a more experienced learner level - may not be able to effectively participate in the clinical care with the independence that would usually be expected for a student at this level, as often moderate or maximal support and guidance is required from the professional practice educator (Mitchell et al., 2022; Sewell & Henderson, 2020).

This need for close support and guidance by the supervisor may present an additional barrier. It also places a burden on the already limited resources of SLPs in PC (Arnold, 2003; Pascoe et al., 2018; Pollens, 2012; Stead et al., 2020). The additional time required to support the student appropriately may translate to limited student placements offered per setting. This is compounded further on a macro level because the broad understanding of the role of SLPs in PC settings by the wider healthcare team is largely unknown (Eckman & Roe, 2005). This yields a low rate of referrals compared to other health settings, limiting student experience of PC clients when on placement. Furthermore, the number of placement opportunities available may also be under strain with limited opportunities due to the increasing demand for placement offers given increasing cohort sizes and number of tertiary institutions delivering degrees in speech-language pathology (Westerveld & Garvis, 2014). Altogether, these barriers limit opportunities for SLP students to gain supervised experience in PC (Arolker et al., 2010; Chahda et al., 2021; Deidre et al., 2019).

There are, however, several identified protective factors that can facilitate integration of student placements within PC settings. The ability to draw on prior life experience pertaining to emotionally distressing situations and/or death can help students and staff facilitate better management of mental health (Collins, 2022). Furthermore, clinicians and students with prior experience of losing a loved one are able to demonstrate a shared understanding and empathy for the individuals and families that they work with and provide targeted support compared to those who have not had such experiences (Deidre et al., 2019).

For students who lack direct life experience, further development of the pre-placement program curriculum could be key in order to prepare students for PC focussed placements (Chahda et al., 2022). Integration of specific online orientation models, simulated experiences or accessing content through initiatives such as the Palliative Care Curriculum for Undergraduates (PCC4U) could facilitate successful student preparation for placements (Chahda et al., 2022; Mathisen et al., 2011; PCC4U., 2023).

It is important to note that while high-level communication skills and facilitators of PC are provided to SLP students to some degree across placement experiences and training from other caseloads and settings, having specific experience from within PC is arguably necessary, given its highly unique clinical setting and associated requirements (Chahda et al., 2022; Mathisen et al., 2011). This signifies the requirement for further investigation to address the factors that currently affect SLP student placements in order to facilitate future clinical experiences within the palliative care setting.

There is a lack of evidence for the facilitation of successful allied health student placements in PC settings (Bughair et al., 2017), which warrants further investigation. For this reason, the aim of this study is to provide an understanding of the facilitators and barriers influencing successful SLP student placements in PC, which will help extend the limited literature in this area (Chahda et al., 2022; Mathisen et al., 2011). This will in turn, inform the tertiary sector on how best to support SLPs in facilitating PC placements.

II METHOD

Following ethics approval from The University of Melbourne Human Ethics Research Committee (reference number 2022-23746-26836-6), this study employed a qualitative research design. The aim was to investigate the perceived factors that promote or hinder effective clinical placements in palliative care settings. The study specifically targeted SLPs with prior experience in PC settings or working with individuals at EoL.

A *Study Design*

Focus groups were used as the primary data collection method to allow participants to discuss and share ideas with their peers, yielding richer, more in-depth data compared to an in-depth interview approach (Then et al., 2014). This design approach prioritised richness and depth of information, generated through discussion in the group (Connelly, 2015; Hennink et al., 2019). The sample size achieved (n=8) was expected given the specific and often unrecognised area of practice that this study was wanting to target (i.e. SLPs working in PC are limited in number compared to other clinical contexts such as acute care) (Chahda et al., 2021; Guest et al., 2016).

B *Participants*

Participants were recruited via email to established professional networks (e.g. Speech Pathologists in Clinical Education and Speech-Language Pathology and Palliative Care Special Interest Group) over the period of a month. A Participant Information and Consent Form was sent to interested participants via Qualtrics with a description of the project and participant information statement.

Participants included were eight SLPs based in Australia with at least one year of experience working in a PC setting across the lifespan. Exclusion criteria included SLPs with no clinical experience in providing PC service to either an adult and/or paediatric caseload. Participants were not excluded based on prior direct experience supervising a speech pathology student on placement specifically in the palliative care setting to ensure the data collected was not restricted. Clinicians without this prior experience, but with familiarity to the setting, were still considered to be well placed to comment on practice education more generally, and draw on indirect experiences, such as their own tertiary training.

C *Data Collection Procedure & Analysis*

Participants who completed the consent form were directed on Qualtrics to complete a demographic survey, which provided an overview of the participant's palliative care expertise and experience in clinical supervision of students. Two focus groups were then scheduled with participants attending one of the focus groups for approximately 90 minutes. One of the lead

researchers, who is also a certified practising speech pathologist and experienced qualitative researcher, facilitated the group discussions with use of several open-ended questions (see Table 1) to guide the discussion. The focus groups were run online using Zoom with audio recording and transcription features. Student researchers allocated to the project were not present for the focus groups but reviewed the recordings retrospectively against the generated transcripts for accuracy. This review was then verified by a supervising researcher. Data were de-identified using pseudonyms in transcription to preserve confidentiality.

Coding was completed by five Master of Speech Pathology students under the supervision of the lead investigators. The students analysed the data by drawing on the Reflexive Thematic Analysis (RTA) approach (Braun & Clarke, 2006). RTA was the preferred method of analysis as it acknowledges that coders will inevitably have alternative interpretations of the data (Byrne, 2022), which accommodated the different perspectives of the five analysts. This approach was most suitable given RTA allows for richer analysis of the transcript (Byrne, 2022; Rabiee, 2004).

The transcript was sectioned for each student to analyse using both semantic and latent coding. Students recorded their individual analysis process and then collaborated to provide group review and feedback on the generated codes and processes. Students used further reflexive discussion to generate the most salient themes from the individually generated codes. When students disagreed on a theme regarding its definition or content, the analysis was reviewed by the group, support and debriefing was sought from supervisors, and discussion continued until consensus regarding codes and themes was reached. This was necessary to ensure themes were identified and organised in a coherent manner. Students worked with close supervision and debriefing by an experienced qualitative researcher throughout the analysis process. Students received formal tertiary training in research methodology and completed Research Integrity Online Training modules.

Table 1
Focus Group Questions

Focus Group Questions	Initial Questions	Follow-up Probes
Question 1	*Can you share an experience of a successful clinical placement in a palliative care setting?*	*What made it successful?*
Question 2	*Can you share an experience of an unsuccessful clinical placement in a palliative care setting?*	*What made it unsuccessful?*
Question 3	*Why is it that you do/don't facilitate clinical placements in a palliative care setting?*	*What do you think are the facilitators to clinical placements in a palliative care setting?* *What do you think are the barriers to clinical placements in a palliative care setting?*
Question 4	*What knowledge, skills and attributes do students need in order to undertake a clinical placement in a palliative care setting?*	*How can university programs best support clinicians and students to facilitate a successful clinical placement in palliative care?*
Question 5	*What do clinical educators need in order to facilitate a successful clinical placement specific to palliative care?*	

III RESULTS

A *Participant Demographics*

Table 2 depicts the demographic characteristics of the focus group participants. The majority of participants (n=7; 87%) worked primarily with the adult population requiring PC services. The survey indicated an even spread between metropolitan (n=5; 63%) and non-metropolitan (n=3; 37%) workplace location with the majority of participants indicating an inpatient workplace setting (n=6; 75%). In terms of clinical experience in palliative care, 50% (n=4) of participants had >6 years of experience in PC settings. Only half of the participants had supervised students in a specified PC setting or within a PC population.

Table 2
Participant Demographic Data

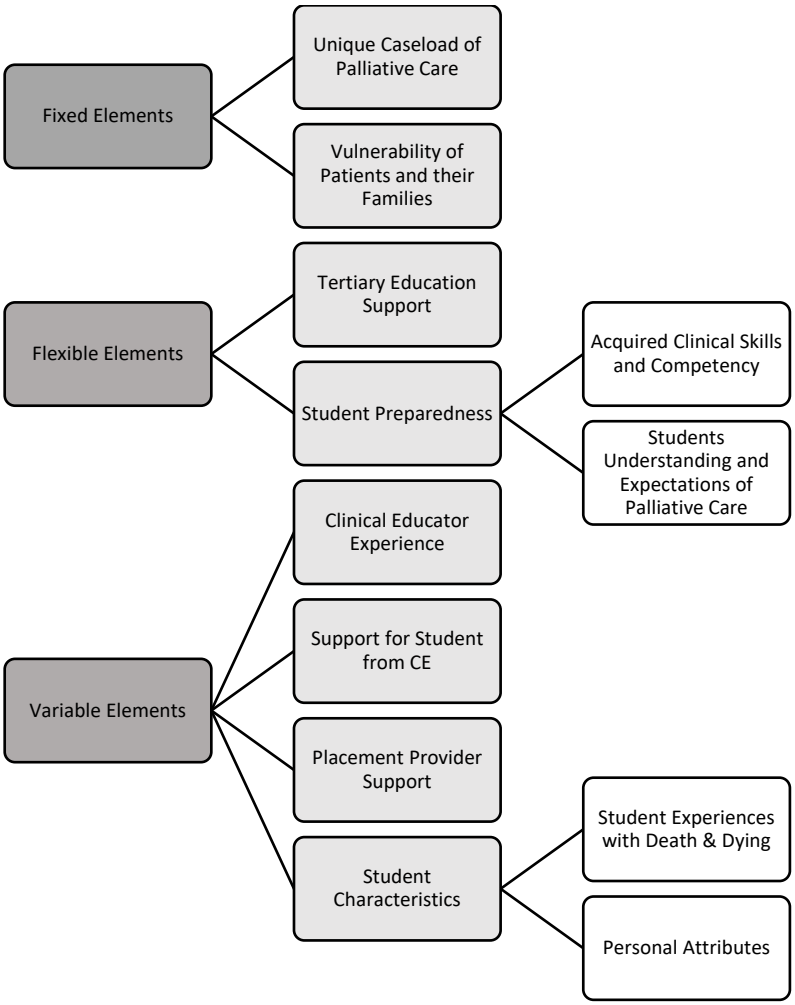
Participant Details	**Results***
Number of Participants	8 (100%)
Workplace Location	
Metropolitan	5 (63%)
Non-Metropolitan	3 (37%)
Caseload	
Adult	7 (87%)
Paediatric	1 (13%)
Workplace Setting	
Acute Hospital	3 (37%)
Sub-Acute Hospital (inpatient)	3 (37%)
State-Wide Palliative Care or Service	1 (13%)
Combination of acute, subacute and community services	1 (13%)
Years of Clinical Experience	
1-5 years	4 (50%)
6-10 years	2 (25%)
10+ years	2 (25%)
Number of Students Supervised	
None	4 (50%)
1-5 students	1 (13%)
6-10 students	2 (25%)
11-15 students	1 (13%)

*Percentages rounded to the nearest whole number

B *Qualitative Core Themes*

Following coding, several core themes and sub-themes were identified (refer to Diagram 1). The themes emerged from a viewpoint centred on the university's role in enhancing placements in palliative care. Findings revealed the existence of three distinct groups of factors: (i) fixed elements (inherent to PC and requiring barrier mitigation), (ii) flexible elements (modifiable by the university), and (iii) variable elements (beyond the university's control). Each subtheme comprises elements that can be interpreted as either facilitators or barriers to achieving successful clinical placements in PC within the field of speech pathology.

Diagram 1
Core themes and sub-themes identified from the qualitative data



C *Fixed Elements: Unique Caseload of Palliative Care & Vulnerability of Patients and their Families*

This theme explores the intricate nature of the PC setting and emphasises the significance of patient safety in ensuring a successful placement experience. Within this theme, two sub themes emerged: the unique caseload of PC and the vulnerability of patients and their families, both of which were highlighted as barriers to facilitating clinical placements in this setting.

Within focus group discussions, participants described the PC setting as “emotionally and ethically dense” in which students may find the experience as “confronting” (Participant 4 & 6, Group 1; Participant 7, Group 2). The clinical complexity of PC, such as navigating comorbidities, communication challenges, and swallowing difficulties, was considered a barrier, particularly for students who lacked the necessary clinical skills. One participant expressed this challenge by saying, “you don’t quite know what you’re going to go into. You’ve got to see the patient, and its complex communication, but it’s also some swallowing…the patients are too complex” (Participant 8, Group 2).

Participants also acknowledged that students working with a PC caseload required strong clinical reasoning and “ethical reflection” during their placement (Participant 3, Group 1), which they may not have developed fully yet. One participant described this as, “The emotional intelligence…I think it's a different ball game [in PC]…being caring and compassionate…" (Participant 7, Group 2).

Regarding the vulnerability of patients and their families, some participants found it challenging to involve students in patient advocacy due to the sensitive clinical scenarios that PC presents. This difficulty made it challenging for clinical educators (CE) to find suitable tasks for students within the palliative caseload. One participant shared, “I had a lot of vulnerable patients, and it was really difficult to pick what tasks would actually be appropriate for the student, and not put my patients at risk of having a negative experience” (Participant 3, Group 1).

When discussing patient safety, some participants reported that students required a high level of emotional maturity to deliver patient-centred care in the PC setting. Moreover, they highlighted that not all students possess these skills, which could potentially lead to negative experiences for patients or their families. One participant expressed this concern, stating, “…[The] skills that the patients and the families need the clinician to have, are a mature set of skills…[the learning experience] would be great for the students, but we have to protect the patients as well.” (Participant 2, Group 1).

D *Flexible Elements: Tertiary Education Support and Student Preparedness*

Flexible elements that emerged from the qualitative data explored the barriers to preparedness for PC placements, focusing on the influence of student preparedness and the impact of tertiary education and placement support on the facilitator or barrier for clinical placements. Two subsequent themes were identified within student preparedness: acquired clinical skills and competency, and tertiary education.

Acquired Clinical Skills and Competency: According to most participants, students who had not yet consolidated their clinical skills faced difficulties compared to those with more clinical experience. In the Australian context, placements are often referred based on the knowledge and skill level of the student, with early placements referred to as ‘novice’ and later placements as ‘entry level’, meaning that they prepare students to enter the profession. The participants observed that entry-level students had more consolidated clinical skills and could better adapt to the unique PC caseload. One participant explained, "...the entry-level student group, I think their clinical skills [are] a bit more consolidated. I think it's a lot to expect a student to take on [when] working [in] these really emotionally and ethically dense areas when their clinical skills aren't as developed as they should be" (Participant 6, Group 1).

Conversely, several participants expressed a preference for students with less clinical experience, such as those at novice or intermediate learner levels, to primarily observe during PC placements. They believed that these students should focus on observing to gain a basic understanding before actively participating. As one participant stated, "[At] novice [and] intermediate level, I may not expect students to participate in the actual session. I may just get them to observe so that they can have a taste of what it's like and then sort of develop those basic skills more from an observation perspective" (Participant 6, Group 2).

Tertiary Education - Student's Understanding and Expectations of Palliative Care: Most participants agreed that the PC content within the tertiary curriculum did not adequately prepare students for PC placements. This lack of preparation influenced students' expectations and experiences during their placements. Participants noted that students often entered placements with certain expectations based on the name of the placement but were confronted with different realities. One participant shared an example, stating, "Students come in expecting a placement that's defined by the name of the placement. We had a client who was reasonably young on a rehab ward, who then transitioned to PC and died while on the rehab ward. The students struggled with that because their perception of what they were going to see, from what they were prepared

for academically and what the setting looks like, was not what they got, and that was a lot harder for them to be able to use as a useful teaching experience" (Participant 2, Group 1).

Tertiary Education Placement Support: This sub-theme encompasses the placement allocation process and PC education within the tertiary curriculum. Some participants suggested that placement coordinators should consider allocating students who have reached entry-level competency to PC placements, as these students have the necessary experience to actively participate in the assessment and management of patients. The structure of placements was also discussed, with comparisons made between weekly placements (once a week) and intensive placements (three or more days per week). Participants highlighted the benefits of intensive placements, as they provide students with the opportunity to meet various team members throughout the week and observe multidisciplinary care, which enhances their learning. One participant stated, "If you're in a block placement, you have the opportunity to meet all the team members throughout the week - social work, pastoral care, bereavement - and see the multidisciplinary care to support [the students'] learning" (Participant 2, Group 1).

Participants also discussed the impact of the number of students assigned per placement. Some found it challenging to manage two or more students, while others considered it advantageous. The success of student pairings depended on the compatibility of their personalities. One participant shared their experience, saying, "I had some really good peer placements that worked really well, but the students had to work well together... because then they could support each other...it has to be the right peers, I can [otherwise] see that going very badly" (Participant 3, Group 1).

E *Variable Elements: Clinical Educator Experience, Student Characteristics and Placement Support Measures*

This theme encompasses aspects of variable elements, delving into multiple dimensions. These elements are distinct from flexible elements that are within the control of the University; in contrast, these elements sit outside of the University's control and are dependent on a range of factors. This theme explores the CE's role in enabling a fruitful placement, as well as examining the impediments posed by their lack of experience. Conversely, it elaborates on how the support extended to students by their CE is pivotal in ensuring a successful placement.

The sub-theme of student characteristics explores how the distinctive personal traits of individual students and their life experiences can either foster or hinder PC placements. Within this overarching theme, sub-themes of student encounters with mortality, as well as their personal attributes, emerge, indicating potential facilitators or barriers contingent on the context. Lastly, the sub-theme of placement support measures underscores the significance of placement providers in furnishing specific opportunities and resources that can promote a well-supported and successful clinical placement.

Clinical Educator Experience: Most participants agreed that a fundamental aspect of the CE's role was to provide support for the students whilst on placement. This support involved opportunities for debriefing and reflection on their placement experiences. Participants recognised the significance of these supports, particularly due to the challenging nature of the PC setting. One participant expressed this sentiment by stating, "…we need to be able to read the signs and amend our language and provide support (…) so that the student can walk away with a clinical piece of knowledge and not feel so confronted that they can't cope with it" (Participant 1, Group 1).

However, many participants reported that though they recognised that additional student support is required in PC placement settings, they had limited time available to support their students, particularly those working in an acute setting. One participant highlighted this issue by explaining, "…it requires so much more time to debrief and manage those emotions, because these patients are so complex in PC. It takes away from the time spent with other nil-by-mouth patients that require more input or twice daily therapy…" (Participant 7, Group 2).

When looking at CE experience as a secondary sub theme, some participants stated that an SLP's lack of experience, in the PC setting or as a CE in general, negatively affected their ability to effectively support and guide students. Less clinical and/or PC experience resulted in an overall lack of confidence in supervising students. One participant reflected on their own experience, stating, "[When] I was a much younger clinician than I am now I found the experience extremely distressing, because we were having lots of conversations with the student, myself and my supervisor about communication rapport, grief and loss (...) I think I should have been more confident earlier on, and going [forward]…we need to actually change things up really early on, rather than push ahead with something…" (Participant 3, Group 1).

Many participants agreed with the above sentiments and added that CEs would benefit from support to enhance their skills in clinical education and supervision. They suggested providing additional professional development (PD) opportunities to help CEs support students in clinical decision-making and effectively manage challenging situations. Regular supervision sessions with experienced clinicians were also highlighted as valuable for discussing such situations. As one participant recommended, "...linking [CEs] in with some PD opportunities to best support students in that clinical decision-making, but also, managing difficult students...regular supervision sessions to talk about these situations with an experienced clinician…" (Participant 7, Group 2).

Student Experiences with Death and Dying: Some participants shared that they supervised students who had personal experiences with death and dying. These experiences could have different effects on the students' placement in the PC setting. For some students, their personal experiences enabled them to have a successful placement, as they had the emotional maturity and understanding to handle the challenges: "...I had a student who...had a very personal experience with the [PC] unit...and they were one of the best students I've ever had. Even though there was an emotional component to what they had to deal with, they also had the emotional maturity...to perform their duties." (Participant 2, Group 1). However, some participants also noted that a PC placement might not be appropriate for students experiencing active grief or who had recently experienced a death or diagnosis: "[Students] who are currently experiencing active grief or who [have] either direct grief from death or a diagnosis...I find [it] a bit of a barrier to having a student there" (Participant 2, Group 1).

For students who lacked personal experience with death and dying, the new experiences in the PC setting could be overwhelming. One participant shared an example of a student who became emotional when they realised their patient had passed away: "The student came in...And realised [their patient] had passed away...for that student, it was quite confronting... [the student] was crying. It was quite emotional" (Participant 7, Group 2).

Personal Attributes: The students' personality and emotional maturity were identified as necessary qualities for a successful placement in PC. These attributes facilitated their ability to cope with the challenges and effectively practise their clinical skills. Participants recognised these personal attributes as important factors for success: "The emotional intelligence like being able to be empathetic and...understanding...seeing it from the family's perspective...sometimes you can't teach it, sometimes...some students come with these skills, these personalities, and values" (Participant 6, Group 2).

Participants agreed that the attributes necessary for success in the PC setting were not just teachable clinical skills but also innate personal qualities. They believed that being a good fit for PC required the right personality and values rather than just having specialised information or skills: "[It's] the personality of the clinician, not so much the skill set...the difference between this PC intervention and [other clinical specialties] is that you don't need skill sets...it's not so much about being equipped with more specialist information that makes you competent, but actually that [PC] is where you're a good fit" (Participant 1, Group 1).

Placement Provider Support: This theme focused on the planning and management of clinical placements from the perspectives of both the placement provider and the tertiary sector. It

explored the facilitating and complicating factors that impact a successful PC placement. Support can significantly influence the student experience by considering the structure, administration, documentation, and advocacy for students by the placement providers. Participants noted that students benefited from having access to resources and attending multidisciplinary team (MDT) meetings as it enhanced their clinical reasoning, reflection skills, and holistic understanding of PC. One participant expressed this sentiment, stating, "The best placements I've had are where the student has been part of an MDT case conference where they've met the bereavement counsellors already... [It is] really good when they've been a part of tutorials... about how to talk about death" (Participant 2, Group 1).

IV DISCUSSION

This study addresses a need for greater understanding of the potential for student placements in PC, and what factors support or undermine these learning opportunities for students. While it was not the purpose of our study, we note that many of the barriers, particularly personal factors, may apply beyond student learning (for example, to new graduates or even SPs who have not had experience specific to PC settings or clients). Thus, this research may provide directions around factors that support engagement with continuing professional development in this area.

A *Barriers to a Successful Placement*

Consistent with prior research, participants in this study identified the very nature of PC as a barrier to successful student placements (Collins, 2022; Kangas-Niemi et al., 2018). The emotional and cognitive demands of PC placements can be challenging for students, but appropriate supervisory support can help overcome these challenges. Building a trusting relationship between CEs and students, sharing personal experiences, and providing well-being strategies were recognised as supportive measures (Gallagher et al., 2014; Kangas-Niemi et al., 2018). However, participants highlighted time constraints during placements as a limiting factor in providing adequate support, potentially impacting students' ability to process challenging situations and affecting their competency and patient care. This aligns with previous studies identifying time constraints as a barrier in PC placements (Bassah et al., 2016; Mahoney & Boileau, 2016), hindering students' development of death literacy and PC experiences, and potentially leading to unsuccessful placements (Deidre et al., 2019; Gallagher et al., 2014).

Preparatory knowledge and clinical skills were deemed crucial for ensuring patient safety and quality of life (Chahda et al., 2022). Participants emphasised the importance of equipping students with well-developed skills and knowledge to minimise the risk of negative patient experiences. However, the limited theoretical content on PC in university curricula was identified as a barrier to student preparedness (Pascoe et al., 2018). This study's results, consistent with current literature, call for a broader inclusion of PC considerations in the teaching curriculum to better prepare students for the unique caseload of PC (Chahda et al., 2022; Chahda et al., 2021; Pascoe et al., 2018).

Participants also recognised that patients might have a negative experience if students lack the necessary skills and knowledge required for PC. While some patients are supportive of participating in clinical training (Arolker et al., 2010), it is crucial for CEs to select appropriate patients for student involvement. Informing patients about clinical placements and setting clear expectations for student involvement can help reduce the risk of negative experiences (Kriesen et al., 2018).

The study also highlighted the lack of experience as a CE, leading some clinicians to feel uncertain about supporting struggling students. This novel finding underscores the need for further research to understand the training and support that inexperienced CEs require to effectively facilitate successful placements, as previous research has predominantly focused on the student perspective.

B *Facilitators to a Successful Placement*

The support provided by CEs emerged as a significant facilitator for successful PC placements, as it involved debriefing and reflection with students to develop professional skills and manage personal challenges (Mahoney & Boileau, 2016). Previous research has highlighted the importance of professional preparation for dealing with death and dying in PC placements (Collins, 2022; Kenyatta et al., 2009), in which CEs play a crucial role in providing this preparation and supporting students during challenging experiences.

The need for well-established frameworks and support systems for staff and students within placement provider programs was emphasised in the literature (Collins, 2022). Placement providers' support and resources were also recognised as important facilitators for successful PC placements. Advocacy for PC education and opportunities such as participation in MDT meetings and collaboration with medical professionals were identified as invaluable for students' understanding of PC and development of clinical reasoning (Pollens, 2004).

The arrangement of the placement was emphasised as a factor influencing success. Participants indicated a preference for concentrated placement blocks as opposed to weekly placements. Extended timeframes enabled students to deliver consistent patient care, closely track developments, and cultivate a more profound comprehension of the primary care environment. This discovery is innovative and implies that forthcoming student placements in primary care should take into account both the duration and arrangement of the placement.

PD opportunities for CEs within the placement provider setting were deemed essential for facilitating successful placements. Participants emphasised the benefits of workshops on death and bereavement, as well as access to online modules addressing counselling and debriefing for students on placement (Hill et al., 2014). PD plays a vital role in enhancing personal awareness and growth as a CE (McAllister et al., 2011). Participants suggested the distribution of recommended or evidence-based resources to inexperienced CEs to better prepare them for student placements, covering topics such as supporting students in clinical decision-making, managing difficult students, self-care routines, and sustainable practice plans.

C *Context-Dependent Factors*

The characteristics of individual students emerged as a factor that could act as either a barrier or a facilitator to a successful clinical placement. Both the students' lack of experience or direct personal experiences with death emerged as barriers in different ways. Some students who lacked previous experience with PC found the placement confronting. Conversely, some students with personal experiences with death found the placement difficult as it triggered past grief. Both factors impeded the student’s ability to learn, and subsequently led to negative learning experiences. This is reflected in the literature about PC placements of other AH disciplines, who found that placements in this setting could raise past or unresolved anxieties about death and dying (Buhagiar et al., 2017).

Another perspective emerged which found that students with personal experiences possessed increased empathy and knowledge of loss that contributed to their clinical knowledge base (Gallagher et al., 2014). There was discussion around the appropriate timing for students with recent personal experiences with loss to undertake placements in PC. Participants have highlighted the transparent dialogue between the CE and students as an important tool in understanding the appropriateness of a PC placement for students with recent experiences with death. Similar findings are reflected in studies regarding CEs in nursing who highly regarded opportunities to talk informally with their students (Gallager et al., 2014; Kangas-Niemi et al., 2018).

Students' personal qualities, such as empathy, compassion, and maturity, played a pivotal role in fostering a successful clinical placement. Participants identified these attributes, the distinct characteristics or values of individuals as separate from clinically teachable skills. This discovery aligns with existing literature, which emphasises the necessity of a patient-centred approach and

the capacity to engage in delicate conversations with patients' families in the field of primary care (Chahda et al., 2017). Participants delved into how traits like emotional maturity and empathy can aid students in navigating intricate discussions. These dialogues, unique to primary care, encompass sensitive family conversations, a patient's existential concerns, and emotionally charged discussions about EoL matters (Chahda et al., 2017). However, scant research exists on the cultivation and application of these attributes by student healthcare providers.

Furthermore, when students lacked these personal attributes, participants noted placements were unsuccessful and the situation was described as a “mismatch”. The concept of these ‘mismatched’ students implies that there are characteristics that may render some students more suitable to a palliative placement. Further research may explore these attributes, how they are developed within students and whether they are truly unteachable. Both the tertiary sector and placement provider need to negotiate how to divide the role of fostering emotional intelligence within students. While this is a potentially demanding task for a CE, the PC setting may benefit students who need development of these personal skills.

There are both advantages and disadvantages to supervising students of various competency levels (Collins, 2022). One participant suggested a PC placement provides a suitable environment for novice students to undertake a largely observational role. However, this scenario has complexities that students and CEs would need to navigate. Across different clinical settings, students may complete the same clinical tasks but with different care aims in mind (Malcomess, 2005, as cited in Anderson & van der Gaag, 2005). For example, a swallow examination in PC may be conducted with a comfort/palliative care aim while in the neurorehabilitation ward; the care aim is improvement/rehabilitation (Malcomess, 2005, as cited in Anderson & van der Gaag, 2005; 2017).

Participants from this study also engaged in dialogue about an alternative choice: supervising students at entry level. These students have been exposed to a diverse spectrum of clinical skills (Kangas-Niemi et al., 2018). The majority of participants expressed a preference for overseeing entry-level students. Such students are better equipped to implement theoretical understanding into practice and leverage the competencies they have gained from previous placements to navigate the primary care environment (Stead et al., 2020). Nonetheless, even for entry-level students, assuming autonomous responsibility for their caseload within primary care can prove challenging if the existing barriers in the primary care sphere of PC are not adequately addressed.

V RESEARCH RECOMMENDATIONS

The findings from this study elucidates clear recommendations for CEs, the placement provider and the tertiary sector:

For Clinical Educators (CEs):

1. Allow protected time for orientation to the PC setting prior to the placement commencing, which may include observational experiences.
2. Provide opportunities for students to interact with the wider MDT and participate in case conferences to develop a holistic understanding of PC.
3. Allocate time for regular debriefing and reflection sessions with students to support their emotional well-being and help them process the challenges of the palliative care setting.
4. Guide students in developing self-care practices and provide resources to support their well-being during the placement.
5. Encourage students to participate in relevant e-learning modules and PD opportunities to enhance their theoretical knowledge and skills in PC.
6. Foster the development of counselling skills through coaching and supervised practice sessions.

For Placement Providers:

1. Provide a recommended set of evidence-based resources and patient perspectives to support CEs in guiding students during PC placements.
2. Establish regular debrief sessions between CEs and their supervisors to ensure appropriate support and guidance.
3. Promote the importance of self-care among CEs and create a supportive environment that normalises self-care practices within the placement setting.

For Tertiary Education:

1. Integrate comprehensive PC modules into the early stages of the curriculum to provide students with a solid foundation before embarking on PC placements.
2. Implement a system for students to express their interest or challenges related to PC placements, allowing for better placement allocation matching and support.
3. Liaise with placement providers to ascertain their preferences as to which learner level is best suited to their workplace context during the placement planning process.
4. Facilitate effective communication between placement providers and universities to establish the presence of palliative patients in the placement caseload and tailor student preparation accordingly.
5. Conduct further research to better understand and support students who may lack certain characteristics (e.g., personality, values, and personal experiences) for successful PC placements.

VI LIMITATIONS

This study acknowledges several limitations that warrant consideration. Firstly, the study's limited number of participants, most likely due to the scarcity of SLPs identifying as working with individuals in PC or PC settings in Australia, constrained the researcher's ability to capture a broader range of perspectives, as well as prevalence (Chahda et al., 2021). Furthermore, among the SLP participants (all of whom had involvement in PC), only half had prior experience in supervising students within the PC setting. These participants were limited to offering suggested insights into potential facilitators and barriers, rather than drawing from personal experiences and anecdotes. This potential limitation might have contributed to a shortage of pertinent and detailed contributions grounded in firsthand encounters. Nevertheless, the researchers mitigated this concern by tailoring the focus group questions to account for this and drawing out additional information regarding the reasons behind clinicians' decisions to not yet supervise or opt against supervising students in their clinical careers. In future research, a more comprehensive exploration of participants' supervisory experiences could yield valuable insights.

Another limitation is the potential for personal bias introduced by the focus group interviewer, who has professional experience in the study's area of interest. Despite efforts to control bias by using pre-approved questions, the interviewer's questions, comments, or reframing of participant answers for clarity may have introduced some level of bias. The sensitive nature of the research topic was acknowledged by making the facilitator's identity explicit to reduce participant discomfort when discussing students in front of the interviewer. However, as the focus group is a discourse, it was not possible to completely pre-design and screen the interviewer's contributions.

Furthermore, the lack of blinding among participants may have affected the discussion. Participants might have felt uncomfortable discussing certain experiences or unsuccessful supervision instances in front of their peers. Although measures were taken to ensure participant confidentiality, participants' knowledge of student involvement in the data analysis process may have influenced their contributions. Confidentiality was maintained by removing personal and identifying information from transcripts seen by students. Despite these limitations, the study method engaged strategies to address such limitations and ensure participant confidentiality and comfort during the discussions.

VII CONCLUSION

Individuals receiving PC services often require the expertise of SLPs to address communication and swallowing challenges stemming from their illnesses (Pascoe et al., 2018). Nevertheless, numerous SLPs indicate a lack of readiness to work in the PC context due to inadequate training during their higher education (Chahda et al., 2022). Thus, it becomes imperative to delve into the factors that contribute to a successful PC placement for speech pathology students. The outcomes of this research emphasise the significance of support for both students and CEs in fostering successful placements. Elements like debriefing and reflective sessions, collaborative self-care practices, and access to PD opportunities were identified as beneficial for students' learning and well-being (Hill et al., 2014; Mahoney & Boileau, 2016). Moreover, students' personal qualities, such as empathy and maturity, played a pivotal role in their accomplishments within the PC environment (Chahda et al., 2017).

Nonetheless, it is evident that tertiary education programs inadequately equip students for the distinctive caseload in PC (Pascoe et al., 2018). This underpins the necessity for revising curricula to encompass more comprehensive PC modules and better alignment between theoretical knowledge and the care objectives in PC (Chahda et al., 2022). Additionally, CEs might require supplementary training and assistance from tertiary institutions to effectively mentor and supervise students in this setting, especially when students encounter challenges in applying clinical skills or managing situations involving death and dying (Gallagher et al., 2014).

The insights shared by practitioners in this study provide invaluable perspectives on the factors influencing successful student placements within the PC setting. These findings can guide students, clinicians, placement providers, and the academic sector in facilitating effective PC placements, ultimately enhancing the readiness of SP students for an important and expanding field of practice. These exploratory findings also provide a basis for more extensive research to be undertaken in the future.

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