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The term First Australians is increasingly being used to encapsulate Aboriginal and Torres Strait Islander Australians. It reflects the inclusivity of Australia's First Nations in that none are rendered non-entities (e.g. non-Indigenous) and First Australians are given proper recognition as Australia's First peoples.

Abstract

Introduction: A partnership between a community-controlled health organisation and a university enabled the development of a regionally coordinated model of health student practicums. The aim of this study was to evaluate students' perceptions of these placements in developing their capacity to provide culturally responsive care.

Methods: Students completed a post placement survey involving 15 five-point Likert items on their perceptions of the learning environment, skills development, awareness and self-development, and supervision. Written responses to two open-ended items on positive or negative aspects of the practicum were thematically analysed.

Results: The student placement model facilitated increased numbers and diversity of clinical placement of health students within urban First Australian health. 241 students from various disciplines completed the survey from 2011-2016. Most students were satisfied with the quality of their placement (82%) and believed it was a supportive learning environment (87%). Most indicated greater awareness of First Australian culture (89%) and health concerns (87%), and believed their clinical skills were enhanced (79%).

Discussion: These results support the efficacy of regionally coordinating clinical placements with First Australians in urban contexts as a means of cultivating a culturally responsive healthcare workforce. Future research needs to involve pre-and post-measures and link student outcomes with improved client outcomes.

I INTRODUCTION AND AIMS

Health professionals working with First Australians demonstrate varying capacities for providing culturally responsive care necessary for closing the gap in health status between Australians and First Australians (Department of the Prime Minister and Cabinet, 2018). While some health professionals demonstrate a willingness to learn in the face of challenges that arise in providing culturally responsive care, others are characterised by a lack of practice knowledge, a fear of practice, or the perception that it is "too hard" (Wilson, Magarey, Jones, O'Donnell, & Kelly, 2015). Further, health professionals report experiencing anxiety, inadequacy, or under-appreciation (Nelson et al., 2011; Wilson et al., 2015). Within undergraduate training, university graduates need to attain the necessary skills, knowledge and attitudes to authentically respond with due care for the cultural and social backgrounds of First Australians. This necessitates sustainable teaching and learning practices that expose students to the strengths and needs of First Australians and facilitate opportunities for students to learn practical skills and strategies (Cranney, 2015; Universities Australia, 2011; Australian Department of Health and Ageing, 2013). Teaching practices must be developed in genuine partnership with First Australians and there is a need to foster learning environments that provide positive and safe interactions for both students and clients. Furthermore, emphasis needs to be on the development of critically reflective and proactive behaviours in order to move beyond familiar ways of providing services towards meaningful care that is accessible to First Australians (Booth & Nelson, 2013; Cranney, 2015; Iwama, Thomson & Macdonald, 2009; Nelson, McLaren, Lewis, & Iwama, 2017).

University health programs are increasingly held accountable for producing culturally responsive graduates, particularly with the introduction of accreditation standards specifically addressing this. However, to date there has been limited examination of the impact of such training (Jongen, McCalman, Bainbridge, & Clifford, 2018). Conventional tertiary didactic teaching or coursework may be useful for providing students with some understanding of how culture and other factors can impact upon clinical interactions and service use. However, such teaching is limited in that it does not provide opportunity for students to practice interacting and partnering with First Australians, arguably the interface where deeper learning can occur in context (Prout, Lin, Nattabi, & Green, 2014). Experiential education, situated learning and transformative education theories assert that the most effective learning occurs as a process of participation in the world (Prout et al., 2014). As such, cultural immersion is a vehicle for delivering rich learning experiences and providing students with opportunities for community engagement where experience and context are central to the teaching process (Prout et al., 2014). A number of studies have used cultural immersion to address student knowledge and attitudes in cross-cultural care, with reported outcomes including students' heightened awareness, appreciation and respect for First Australian cultures (Thackrah, Thompson, & Durey, 2014; Rasmussen, 2001; Prout et al., 2014).

Weekend or week-long experiences have been described in various cultural immersion studies, with authors recognising the superficial nature of some of the experiences due to the limited time frame (Crampton, Dowell, Parkin, & Thompson, 2003). Supervised practice education can provide a means of addressing student learning whilst simultaneously providing valuable services to communities over longer periods (Thackrah, Thompson, & Durey, 2014). Clinical placement opportunities within urban First Australian contexts are a valuable means through which students can gain experience in providing culturally responsive care (Booth & Nelson, 2013; Hill, Nelson, Copley, Quinlan, & White, 2017). For example, service-learning experiences provided for occupational therapy students in a rural secondary school resulted in increased opportunities to develop generic professional skills including communication, rapport building and time management whilst also allowing undergraduates to develop a greater understanding of the social determinants impacting upon secondary school students (McKinstry, 2013).

Emphasis has traditionally been placed on students participating in rural placements with government funding driving rural-based support for undergraduate and vocational training. However, this approach has not recognised the significant shift of population to regional and urban

centres, with students potentially left with a misperception that to work in First Australian health equates to living in rural Australia. In addition, limited capacity for accommodating students, lack of coordinated placements and poor infrastructure to support student placements have been identified as threats to sustainable rural student placement opportunities (Lyle et al., 2006). There have also been limited opportunities for allied health students to access placements in First Australian contexts due to the lack of profession-specific supervision, thus perpetuating limited learning pathways for developing competencies in culturally responsive care (Nelson, Shannon, & Carson, 2013). Emerging literature suggests that a regional approach to coordinating student placements may enable an increased capacity and improved quality of placements available for students from a range of health disciplines and institutions (Lyle et al., 2006).

This paper reports on outcomes from a strategic initiative jointly instigated by a partnership between a regional Indigenous health organisation and a university. Recognising the unmet health needs of Australia's second largest First Australian population, The Institute for Urban Indigenous Health (IUIH) was established by the four Aboriginal and Torres Strait Islander Community-Controlled Health Services (ATSICCHs) in South-East Queensland (SEQ) with a vision to ensure access to culturally safe and comprehensive primary health care and achieve equitable health outcomes for urban First Australians (IUIH, 2014). In partnership with The University of Queensland (UQ), the IUIH instigated a workforce development initiative involving the central coordination of all students engaged in practicum in any of the IUIH's network of 20 clinics. One aim of this student placement initiative was to increase placement opportunities for students from a wide range of disciplines in a well-coordinated way. Concurrently, emphasis was placed on increasing access to a greater range of health services for First Australian clients within the SEQ ATSICCHSs. The student placement model aligns with service-learning principles whereby students engage in meaningful community service with instruction and reflection to enrich the learning experience (McKinstry, 2013). Preliminary findings from this new model of student placements reveal positive outcomes from student perceptions of their placement and an increase in student placement numbers (Nelson, Shannon, & Carson, 2013). This paper presents an evaluation of students' experiences regarding their clinical placements in First Australian health and education sectors with attention given to students' likelihood (and trajectory) to work in the sector in the future.

II METHODS

This research was initiated, driven by and of benefit to a regional ATSICCHS (Australian Institute of Aboriginal and Torres Strait Islander Studies & The Lowitja Institute, 2013). Ethical clearance was obtained from The University of Queensland's Human Research Ethics Committee.

A *PARTICIPANTS.*

This study involved two forms of data collection, a self-generated database of student placements and a survey of a convenience sample of students who completed placements in an urban First Australian health, education or welfare context. Placements were coordinated by the workforce development officer employed across the IUIH and UQ. The database for basic placement information included discipline of study, year level of course, length and location of placement. Health students who engaged in these placements over a six year period (January 2011 to December 2016) were invited electronically to participate in the online survey and provided written information about the study. Participants indicated their consent in an initial item of the survey, and completed the survey using a web-based interface (SurveyMonkey Inc., 2017) at a time and place of their choosing. Participation was voluntary, not compensated and anonymous with only non-identifiable data collected.

B *Data Collection*

A survey of 15 five-point Likert items was administered asking students about their experience of the learning environment, skills development, awareness and self-development, supervision and feedback, and overall experience of their placement within a First Australian health or education context. The survey was designed by the university's teaching and learning evaluation unit and was based on best practice standards. This was important as the research sought to explore clinical education outcomes of this context beyond cultural responsiveness in isolation. For instance, did students gain appropriate supervision, learning support and clinical skills as well as skills specific to working with First Australians? Results using this survey with occupational therapy and speech pathology students have been published elsewhere (Hill et. al., 2017) and the survey questions are displayed in the tables below. Two open-ended response items on the positive and negative aspects of the practicum and how these impacted students' learning were also included. In 2013 and 2016 the survey was revised by the researchers with additional items incorporated to better capture students' future work aspirations (addition of 3 items included from 2013-2015) and students' confidence for working in First Australian contexts (addition of 6 items included from 2016).

C *Data Analysis*

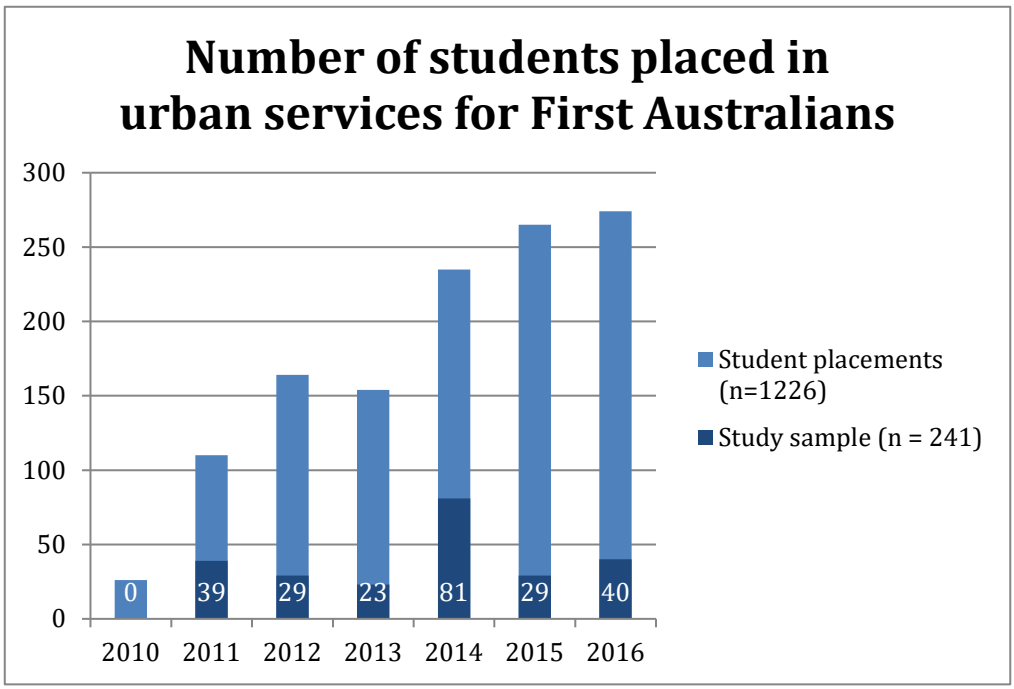
Self-reported demographic data (age and gender) and placement data (discipline, year level, placement location, contact time/ placement length) were enumerated to describe the sample. Percentages of students' responses were calculated as descriptive analyses of quantitative data and for the purposes of reporting, the Likert response "strongly agree" and "agree" categories were combined as were the "strongly disagree" and "disagree" categories. Analysis was attempted on year by year data sets but as these were relatively small in size, no significant differences were elucidated.

Open-ended responses were collated and content analysed together. A thematic analysis was used as this approach works well with research questions about people's experiences or understandings and it can be applied to produce data-driven or theory-driven analyses (Clark & Braun, 2013). Data were categorised in themes which, upon reflection and review, largely mirrored survey questions. Data will therefore be reported together, with additional insights from thematic analysis highlighted in the text.

III Results

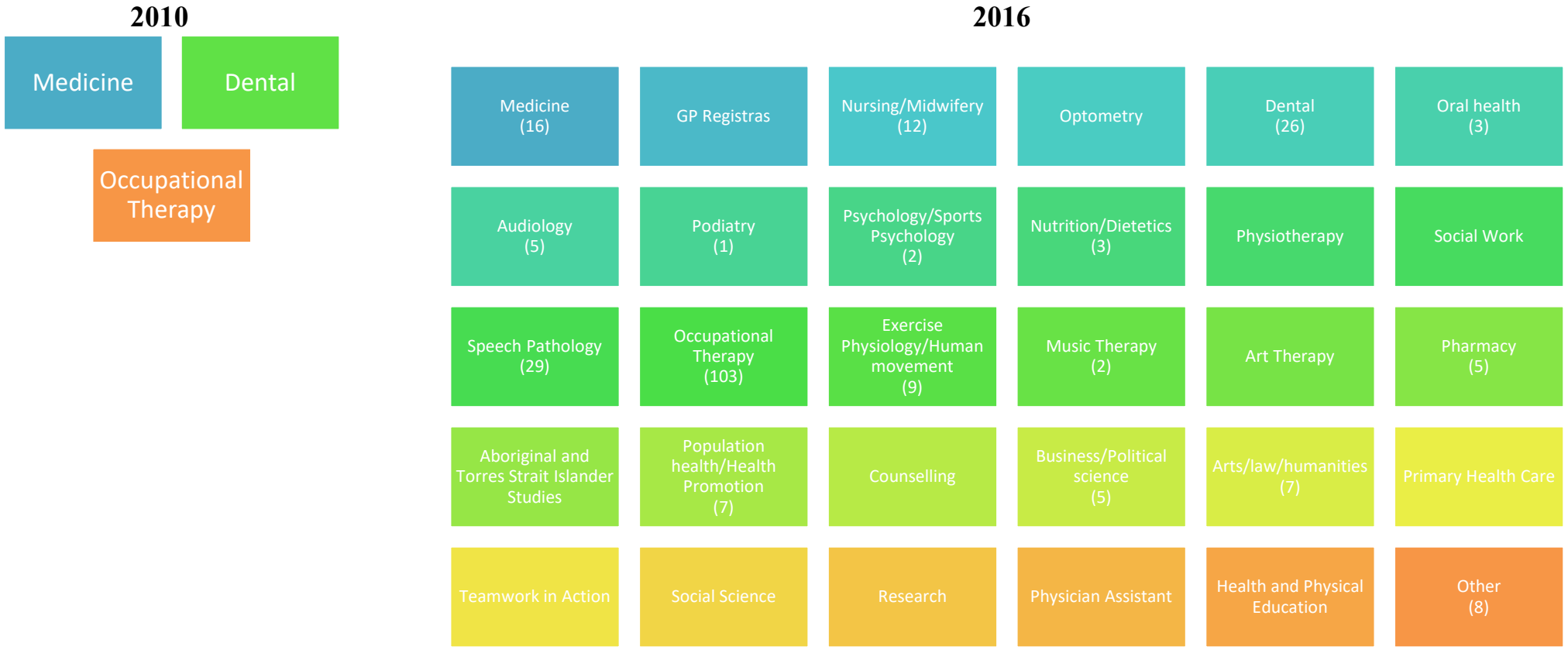
The student placement database revealed that 1226 placements were centrally organised through the IUIH with 241 students from a range of medical and allied health disciplines completing the survey in the years 2011-2016. Growth in student placement numbers over the study period is illustrated in Figure 1 with concurrent sample size for each given year provided. Sample size averaged 20% of students engaging in placements within the survey period and ranged from 10% in 2015 to 37 % in 2014.

Figure 1
Number of University students placed in IUIH's ATSICCHS with study sample size



Student clinical hours increased between 2010 (5 120) and 2016 (22 550), indicating growth of 440%. As depicted in Figure 2, placement opportunities expanded beyond medical and nursing professions to include allied health representation (such as speech pathology and music therapy) and auxiliary professions not typically associated with primary health care service provision (such as political science).

Figure 2
Professional background of students placed in urban services for First Australians



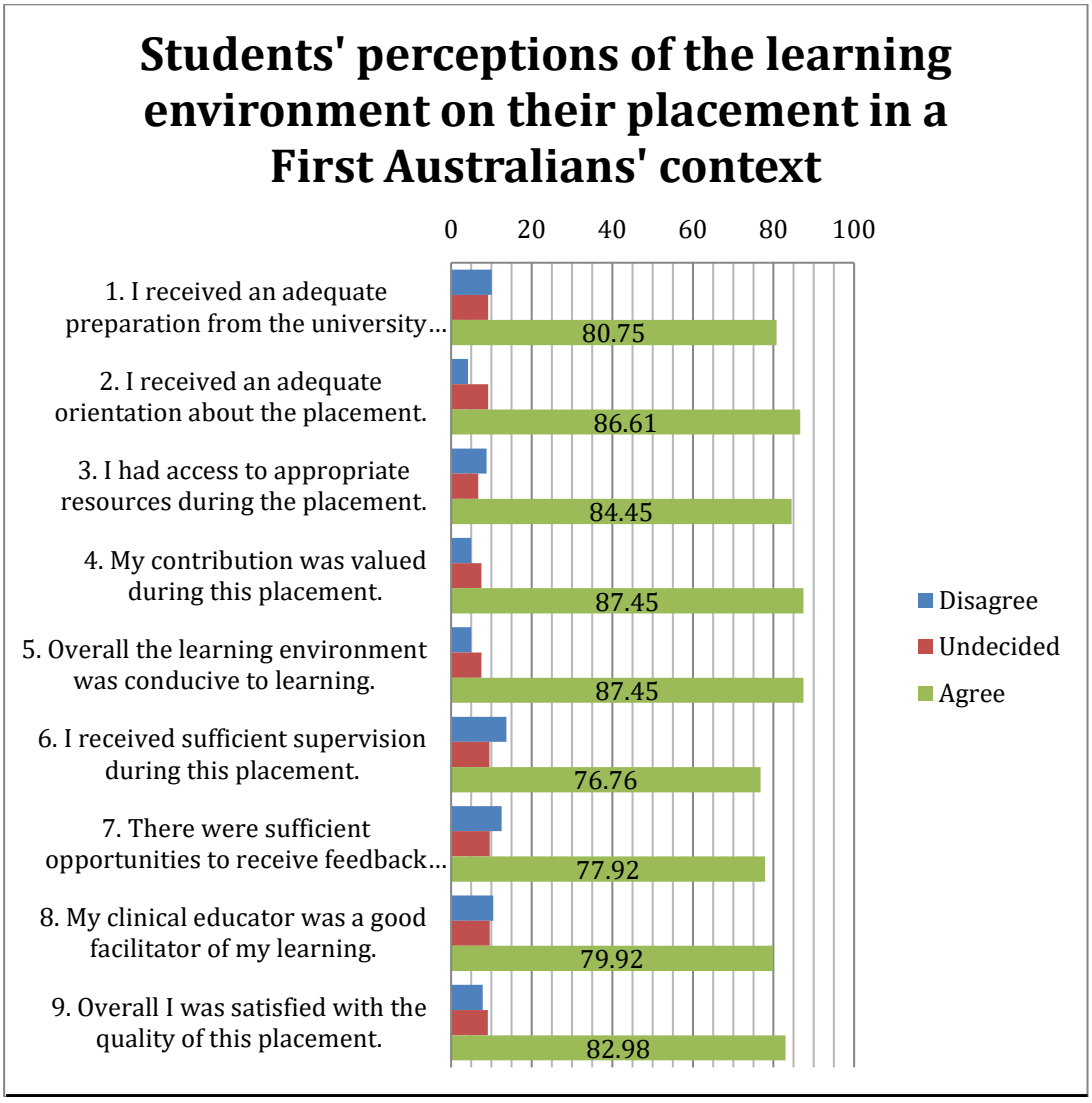
Students accessed placements from a wide range of courses and as such placement requirements and structure took on a variety of formats including one-to-one supervision, group supervision and multiple mentoring (Copley & Nelson, 2012). Furthermore, student-led clinics were established and expanded (Hill et. al., 2017). Student responsibilities varied from participating in clinical service provision, planning and facilitating specific programs, involvement in projects and participation in community events. Student projects involved the development of programs, ethical frameworks and resources, reviews of current services and pathways, and evaluation of patient outcomes. Placements took place across 14 locations with students often delivering services across multiple sites.

Survey data revealed that most students (n = 241) primarily engaged in services at either an Aboriginal and Islander Independent Community school (36%) or were based at the IUIH (36%). A further 19% attended an Aboriginal and Torres Strait Islander Community Controlled Health service (ATSICCHS) as their primary placement setting. A small proportion of students (6%) were involved in specific community based initiatives including either a community day or the Indigenous Youth Sports Program (note: 3% missing responses). Placement durations ranged from participation in a community day to involvement in service-learning over periods longer than 2 months. Most responders were engaged in services for longer than a month (34% between 5 – 8 weeks and 31% more than 8 weeks) while 19% of students had participated in a program for 1 week or less (13% engaged from 1 week to 1 month; 3% missing). The large majority of students had progressed to the later stages of their respective degrees (56%, 4th year or higher; 24%, 3rd year; 3% missing responses).

A *Students Identified Placement as a Supportive Learning Environment*

As depicted in Figure 3, largely positive feedback was received from health students regarding the placement environment; with most students agreeing it was conducive to learning. Students felt adequately prepared for their placements, with most agreeing that preparation from the university and the facility orientation which included how to work in a culturally responsive way were adequate. Most students agreed access to adequate resources supported their engagement in their placements. In their written response, one student requested additional discipline specific information at the orientation.

Figure 3
Students perceptions of the learning environment following placement in a First Australians' context



Importantly, most students agreed that their contribution during placement was valued. Qualitative responses indicated two main sub-themes; the importance of relationships, and the value and challenges of inter-professional opportunities.

Students valued the welcoming and supportive learning environment fostered by helpful, approachable and knowledgeable staff and that these relationships were different from those in previous placements.

> Great teaching and learning from the consultant, and registrars. It was highly interactive. They were really approachable and enjoyable to be around. Staff were also really welcoming. It was a very relaxed environment, and I felt very comfortable. We didn't just 'talk shop' or medicine, they wanted to get to know me as much as I wanted to get to know them. This doesn't always happen in other placements or the larger, busier hospital settings, where it's almost an impersonal experience for patients, staff and students involved (#182 Medicine, 2015).

> Throughout the placement there was a lot of support given from all members of the team which really increased my ability to learn (#111 Occupational Therapy, 2014).

Most students perceived their supervisor to be a good facilitator of their learning, agreeing that they received sufficient supervision with opportunities to receive feedback and discuss self-

progress. Students identified the experience, expertise and availability of their supervisors, the quality and regularity of feedback received, and the opportunity to receive feedback from multiple supervisors, including those of a different professional background, enhanced the development of their clinical skills and reasoning.

> Throughout this placement I received lots of great feedback which was specific and constructive. Receiving feedback from both the Speech Pathology and Occupational Therapy supervisors allowed me to consider multiple aspects of my performance and better plan and run therapy to meet multiple objectives… The clinical educators were highly knowledgeable within the area of Indigenous support and paediatrics, and made themselves available for consultation (#20 Speech Pathology, 2011).

Student feedback indicated some challenges associated with accessing supervisors and utilising multiple supervisors with some students wanting additional feedback and greater communication regarding the expectations of student roles whilst on placement.

> Contacting supervisors was difficult at times. I tried to do as much as I could and take initiative when they weren't around for feedback (#16 Occupational Therapist, 2011).

> Perhaps not enough clinical supervision hours. One on one support would be beneficial to reflect on our own performance and cultural awareness (#86 Speech Pathology, 2013).

Working in a multidisciplinary team and/or in inter-professional partnerships with staff and students from different health disciplines allowed students to liaise and work collaboratively. Students recognised their knowledge of other health professions had been extended and their views on the health needs of clients had broadened.

> Being able to work closely with staff and students from other health professions (Speech Pathology, Exercise Physiology) was a valuable experience which helped me to expand my knowledge of how other professions contribute to client wellbeing, as well as how the Occupational Therapy role fits within an interdisciplinary team environment (#108 Occupational Therapy, 2014).

Overall, students largely indicated satisfaction with the quality of placement they had experienced in an urban First Australian context. When asked to identify negative aspects of their placement, 18% of responders explicitly denied experiencing any negative aspects to their placement.

> No, I was more than satisfied with the placement and really do feel like it was quite an opportunity that I am lucky to have had (#39 Medicine, 2011)!

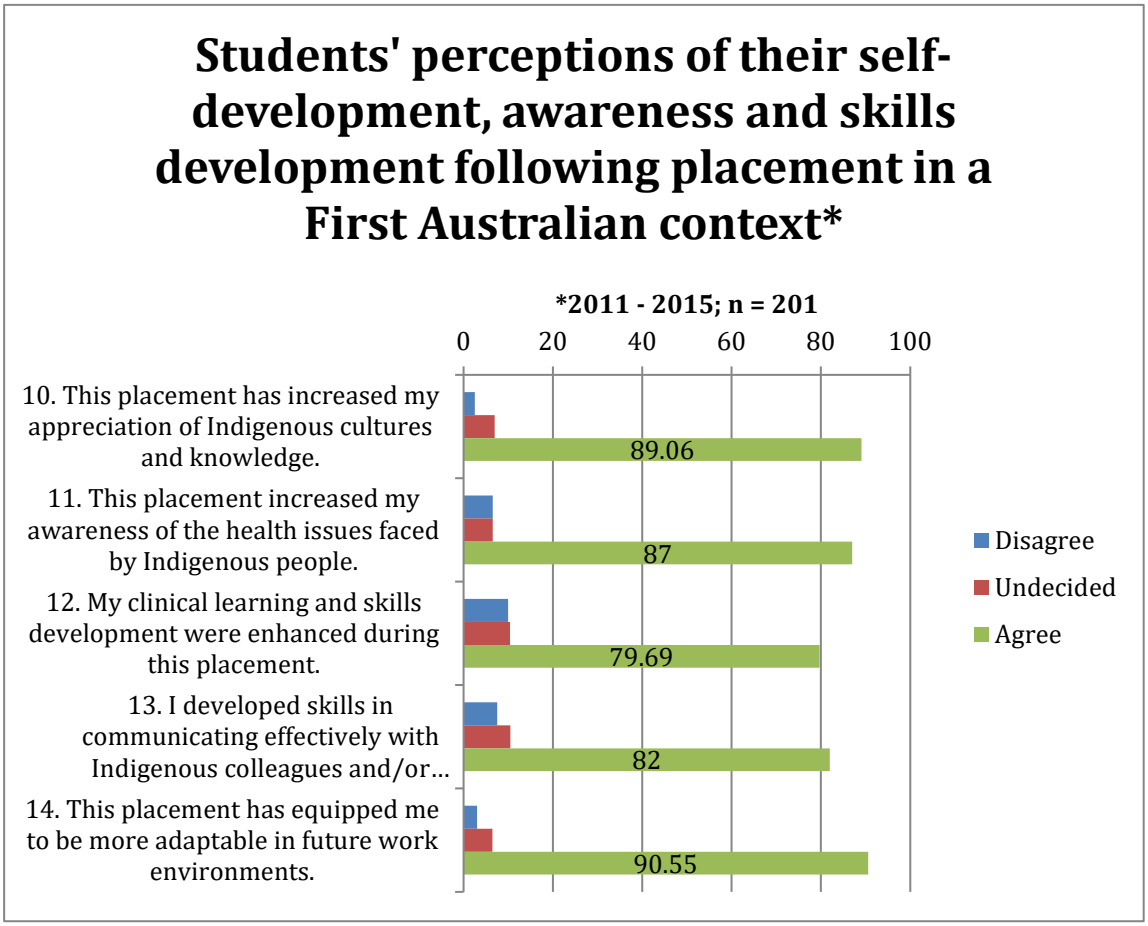
B *Student Perceptions of Their Developing Cultural Responsiveness*

As evidenced in Figure 3, students largely perceived an increase in their appreciation of First Australian cultures and knowledge and the health issues faced by First Australians following their placement experiences. Students' qualitative comments referred to increased insight and broadening understanding of the lived experiences of their First Australian clients as well as the role of health professionals in addressing these needs. The sub-themes of "seeing and experiencing" and "supported reflections" are illustrated in the comments below.

> Exposure to an Indigenous school community and the teaching style/dynamic, this deepened my understanding about Indigenous culture and their ways of knowing (#37 Occupational Therapy, 2016).

> I was able to get a good perspective on what it means to be a physician. I saw the impact that diseases had on people's lives as well as their loved ones. One can't experience these things through a text book or lecture. I feel the time I have spent in the Aboriginal community was unique and invaluable (#33 Nursing and Midwifery, 2011).

Figure 1
Students' perceptions of their self-development, awareness and skills development following placement in a First Australian context.



More than half of the 2016 student responders indicated concerns about saying the wrong thing or doing something wrong during interactions with First Australians whilst on their placement (see Figure 4). Staff support was important for students experiencing negative emotions including those associated with an increase in students' understanding of First Australians' lived experiences.

> If anything I would say there was the potential to come away feeling discouraged by the enormity of what some of the kids have stacked against them in life. A sense of feeling like you couldn't make much difference. BUT, the positive support from and attitude of the clinical educators and some of the school staff had the opposite effect, I found (#11 Speech Pathology, 2011).

> The learning I was provided with was very comprehensive, appropriately targeted to my pre-existing knowledge. The most positive aspects were also real interactions with people, and the support that helped me not feel as afraid of doing something wrong. I really liked how I was supported in reflection that was informed by research and theories to deepen my skills and understanding. I really appreciated the valuable opportunities I was given to learn skills in this area of services, and definitely wish to work with Indigenous people in some capacity in the future (#32 Occupational Therapy, 2016).

Most students agreed the placement had equipped them to be more adaptable when working with First Australians in future work environments. Students largely agreed that they had developed skills in communicating effectively during their placement with most 2016 students feeling confident they had acquired the clinical skills for working effectively in First Australians contexts at the completion of their placement experiences (Figure 4). In addition, 2016 students

indicated they were aware of how to access resources and tools to support their work and had developed a network of peers and colleagues who they could refer to for support when working in First Australians contexts. Utilising a strengths-based approach, being flexible and adapting services in a culturally responsive way were skills students identified as having developed through their placement experiences.

> It takes a bit of time before Indigenous people are able to open up and trust that we are helping them. Without understanding their cultural beliefs, I would have given up before they are ready to open up (#38 Medicine, 2011).

> Getting the experience of working in an urban Indigenous setting, it really opened my eyes and helped me to put techniques such as cultural humility and safety into practice (#38 professional background unknown, 2016).

Students largely perceived that placement experiences had enhanced their clinical learning and skills development in a range of clinical skills including communication, teamwork, treatment planning, project management, and research skills.

> A positive aspect of the placement was conducting the qualitative interviews. I developed many new skills, including interviewing, coding and analysing data (#72 Political Science, 2013).

> 'Seeing' what community child health nursing is like in this particular setting, not just because it was Indigenous but because it was GP led (#41 Nursing and Midwifery, 2012).

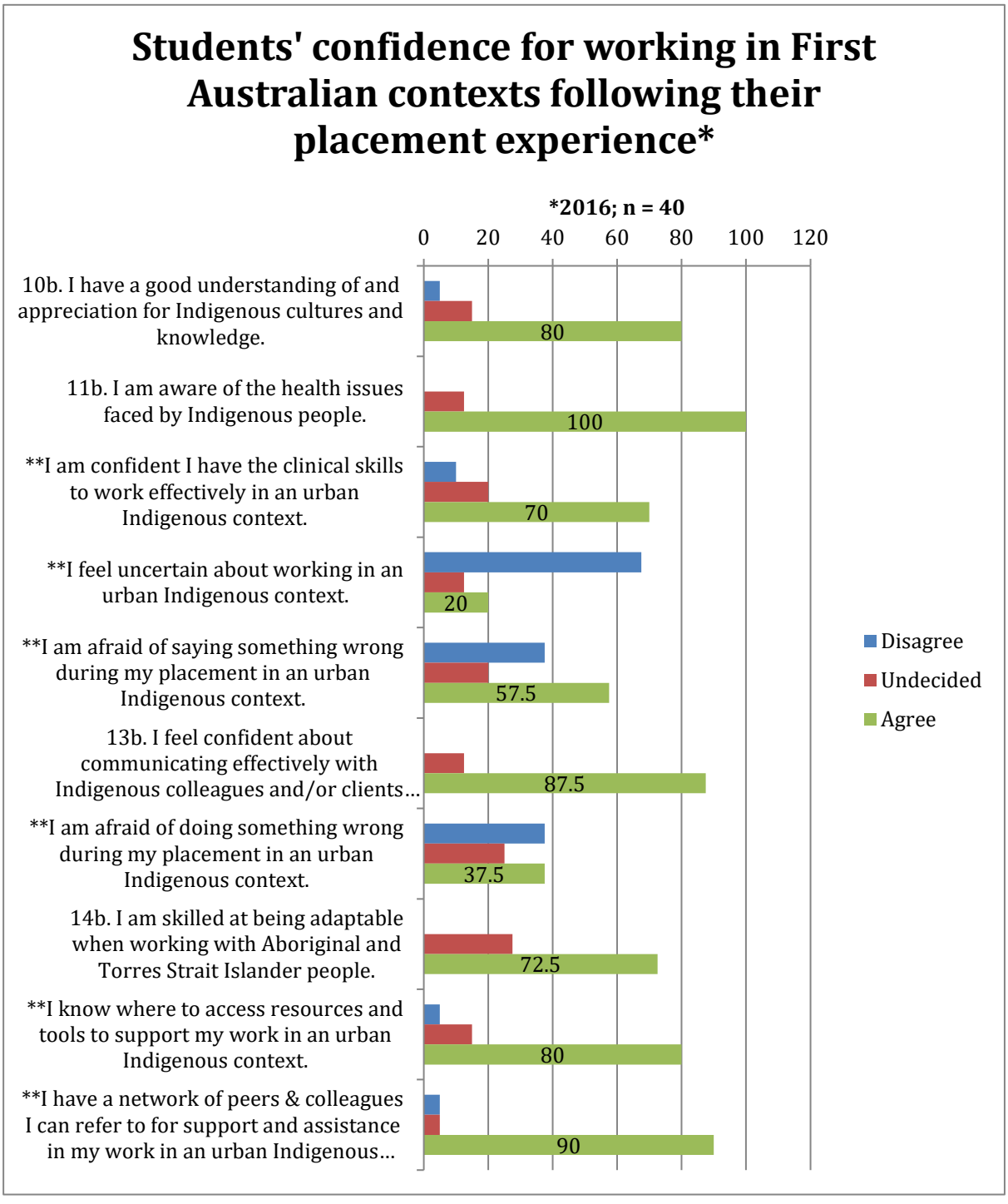
Students further identified the autonomy granted within their placement instilled confidence and provided opportunities to develop their professional skills and clinical reasoning.

> I feel like I've learnt a lot about carrying out a research project and I'm glad that my preceptors trusted me enough to let me have almost free reign about how my project was carried out. It really taught me how to manage my time well and how to gather the data I needed from reliable sources (#172 Pharmacy, 2014).

Some students identified the need for further opportunities for interacting with First Australian colleagues and additional time in clinic settings.

> …only working one day a week at one health centre and the rest at another was not enough to establish working relationships there (#60 Occupational Therapy, 2012).

Figure 2
Students' confidence for working in First Australian contexts following their placement experience



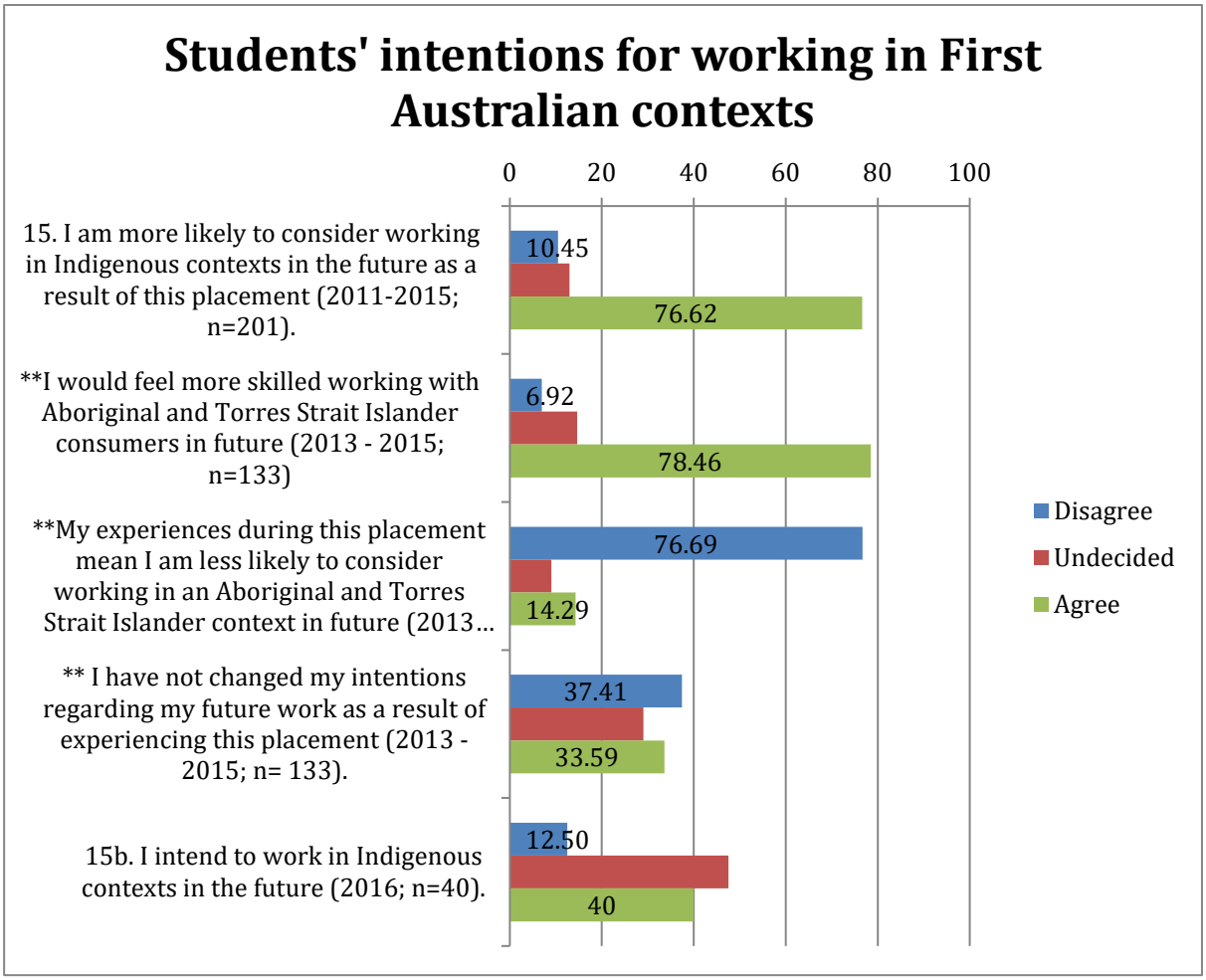
C *Students Future Work Intentions*

Increased likelihood of working in First Australian contexts was evidenced amongst students following their placement experiences in urban First Australian contexts with 1/3 of students identifying they had changed their future work intentions as a result of their placement experiences. Forty percent of 2016 students indicated they intended to working in Indigenous contexts in the future (see Figure 5). Importantly, students indicated they would feel more skilled working with First Australian clients in future.

> These placements truly changed my life, my goals and where I want to be in the future. If I hadn't completed one of these placements I don't think I would have got my passion for indigenous affairs and I don't think I would be working in the Indigenous sector if it weren't for these experiences I was able to gain through the placement opportunity (#105 Nursing and Midwifery, 2014).

Of concern, 18 students indicated that they would be less likely to consider working in an Indigenous context in future as a result of their placement experiences. This may be attributed to response error with this item being the only negatively phrased item in these surveys. However, further investigation through in-depth interviews may provide useful information regarding the features of the students and placements which caused this response and may inform future placements

Figure 6
Students' intentions for working in First Australian contexts



IV Discussion and Conclusions:

As demonstrated, effective partnership between the ATSICCHSs and a university has enabled a well-coordinated and sustained increase in the number of service-learning opportunities afforded health students in urban First Australian contexts. Students from multiple tertiary schools participated in service-learning placements which were centrally coordinated through one point of contact within the community controlled health service provider. This systematic approach achieved substantial growth in the number and diversity of undergraduates engaged in service-learning and the breadth and depth of service learning opportunities, not replicated anywhere else in Australia.

Previous studies of this kind have focussed on single disciplines or clinical placements and community experience lasting between 1.5 – 5 days (Bennet, Jones, Brown, & Barlow, 2013; Benson, Ryder, Gill & Balabanski, 2015; Clifford, McMalman, Jongen, & Bainbridge, 2017; Morrisey & Ball, 2014; Smith et al., 2015). Whilst the survey responses were limited, findings reported in this paper involved the largest identified cohort of students (>1000 students) immersed within cross cultural contexts, with most students involved for periods of 4 weeks or longer (). Furthermore, students represented a diverse range of health disciplines and auxiliary professions, reflecting the breadth of impact achieved by a regional approach. In one international study involving a similarly large cohort of 1,974 interdisciplinary health students, Musolino et al. (2010) reported significant changes in attitudes, knowledge and skills with gains in students' cultural competence. However, the university-based training resulted in no progression in students' encounters or desires and as such the authors concluded it did not impact students' development of cultural proficiency. Complexities and challenges surrounding the coordination and organisation of significant student numbers from multiple tertiary schools and across multiple locations were identified but overall, did not appear to significantly impact student experiences.

Importantly, students' responses indicated sustained quality of placement experiences with professional learning and skills acquisition being achieved in supportive environments. Copley and Nelson (2012) found when a team of students were supervised by a team of practice educators in a multiple mentoring model, students developed greater independence, initiative, case-load management and teamwork skills. Further, practice educators were able to put students in more complex clinical situations where students could support each other and had opportunity to experience a greater range of practice styles and areas (Copley & Nelson, 2012). In line with these findings, students in this study identified a range of skills and professional qualities they had acquired as a result of their placement including teamwork, project management, communication in a diverse range of contexts, as well as flexibility and adaptability in service provision. Students were afforded opportunities to work in a culturally responsive interprofessional service. Outcomes indicated that students' understanding of health broadened, their knowledge and understanding of the factors impacting upon clients lived experiences increased and they had a greater understanding of other health professions (Hill et al., 2017; Nelson et al., 2017). These demonstrated qualities in professional development reflect desirable graduate qualities and suggest that the network of ATSICCHSs have achieved exemplary teaching hubs for equipping health graduates to work not only in First Australian contexts but across a broad range of health contexts.

In some instances, students perceived challenges associated with placement expectations and communication. This fits with the literature associated with the supervision of multiple students and may be attributed to the expansive growth in the number of service-learning placements (Copley & Nelson, 2012). Flexibility and innovation were essential to facilitate increased opportunities for students from different schools with varied requirements and as such, new placement opportunities were innovated. Structures and processes necessary to facilitate communication amongst students and staff for inaugural placements at times may have been in development and could explain challenges experienced by some students (Copley & Nelson, 2012). Negative responses to placement experiences from a minority group of students in 2014 appear to reflect challenges identified with engaging students from earlier years of training who

expressed greater concern for learning role-specific clinical skills (Hill et al., 2017). Consistent with literature, students in their later years of training have progressed further in the formation of their professional identity and demonstrate a growing competence in professional behaviours and clinical skills. As such, these students appear better able to concentrate on establishing relationships and building connections that are essential to their role in providing culturally responsive care (Nelson, 2007; Hill et al., 2017).

Outcomes indicate the regional network of ATSICCHS and school settings are fostering welcoming and safe learning communities for health students and this is significant for supporting students' learning. Safe learning communities are essential as immersion experiences can involve a degree emotional risk and participants must be provided ample opportunity to process thoughts and feelings safely through opportunities to debrief, discuss and reflect (Barden & Cashwell, 2013). Frequent and direct interactions with community members have been identified as a critical factor in cultural immersion experiences (Barden & Cashwell, 2013). In this study, the knowledge, experience, availability and support of supervisors and staff contributed to the safe learning culture in which students received feedback and extended their learning beyond traditional discipline boundaries (Hill et al., 2017).

A key aim of this program was to build students' confidence and propel their ongoing learning and engagement in urban First Australian health contexts by providing positive experiences of *what works* within safe communities of practice (Prout et al., 2014). Working as part of a community of practice with supportive staff appears to have mediated impacts of negative emotions such as being unsure or becoming overwhelmed when faced with addressing the disparities in health for First Australians. Interactions with First Australians and first-hand experience were identified by students as elements that deepened their learning experience by opening their minds and enabling them to 'see' the lived experiences of First Australians (Prout et al., 2014). Students reported positive learning experiences with self-reported gains in clinical skills as well as a broadened understanding of, and ability to communicate with First Australians. This is consistent with previous research which found exposure and experience within First Australian health was a distinguishing factor amongst health workers who effectively addressed barriers to health care for First Australians and those who did not know how or found it 'too hard' (Wilson et al., 2015). Significantly, study outcomes indicated an increase in students' likelihood for engaging effectively with Aboriginal and Torres Strait Islander people in future work roles and contexts. Further research is warranted to determine students' propensity for engaging in First Australian context as graduates.

Ewen, Paul and Bloom (2012) caution educators against the assumption that improving the knowledge, attitudes and skills of health professionals will translate to client health gains and called for greater attention to evaluating the impacts of curriculum on patient outcomes. Whilst the outcomes presented heavily reflect learner outcomes, an overarching aim of the UQ-IUIH partnership has been towards increasing access to primary health care services for First Australians. Importantly, the IUIH's involvement in coordinating student placements has ensured the focus remains on the ATSICCHS's priorities of client outcomes and providing high quality client service. This represents a shift in emphasis from university driven agendas primarily focused on student learning outcomes. In this study, the responsiveness of the IUIH to needs identified by the ATSICCHS has seen students involved in the development, implementation and expansion of clinical services within the urban region. Outcomes of these student-initiated programs have been reported elsewhere (Mills, Dargan, & Nelson, 2013). Future evaluations of student placements in First Australian contexts needs to further explicate the associations between the student placements and improved client access to primary health care services with specific emphasis on the gains in health outcomes for First Australians.

Significant human and financial investment is necessary to provide authentic and transformative professional learning experiences (Burgess, 2017). The strength of the UQ-IUIH partnership has relied upon tangible commitment (including financial) from one university. Whilst students from other universities were given opportunities, numbers were limited by the level of commitment to partnership demonstrated by other universities. The IUIH has committed to

building and extending upon partnerships and linkages with a range of universities and their students, with the same intentions necessary for future research endeavours. In this instance, ATSICCHSs are looking to strengthen partnerships with mainstream universities for mutual benefits in both student development and client outcomes.

This study has been limited to findings from self-reported measures. Future research needs to incorporate more objective measures (such as pre and post measures) of student knowledge, attitudes and skills, as well as identifying clients' and stakeholders' perceptions of interactions with students. A lack of data regarding student backgrounds, such as their age, gender and cultural background, has impacted comparability of these findings with research to date. Additionally, the change in the survey instrument may have may have made some questions less robust in analysis due to fewer responses (e.g. those questions introduced in 2016). Further limitations of this study include the low response rate and the inclusion of all- types of student placement models within a single evaluation. While the reported findings demonstrate the overarching impact of regionally coordinating student placements, future research can extend upon reported findings to determine what aspects of student placements most benefit student learning. For instance, future evaluations might consider the impact of the length and nature of student placements on student learning outcomes as well as further exploring the factors associated with the students' stage of learning (e.g. year of training) and how this impacts students' preparedness for these learning experiences. Further investigations on career pathways and subsequent involvement of graduates within First Australian health contexts in both mainstream and community controlled services is also warranted, particularly with reference to the provision of culturally responsive health care. Additionally, future research could investigate how student learning translates into graduates' work roles.

Australia's health care system is not accessed equally according to need, and First Australians are responding with leadership and action (Holland, 2015; Lawrence, 2008). Engaging training health professionals in real-world experiences of culturally-responsive health care service provision within supportive networks and safe learning spaces facilitated by First Australians' in partnership with training institutions has been demonstrated to be an effective means of shaping the lenses through which the emerging workforce views and responds to the gap in Australian health. This research exemplifies the innovation that can be achieved when institutions partner *with* First Australians and are responsive to First Australian community needs. In particular, the fore fronting of community controlled health services in the coordination of student placements has enabled an expansive, efficient and sustainable model of student placements for a diverse range of training health professionals in such a way that is not burdensome to community controlled health services, but instead facilitates students meaningful contributions to community controlled health services. Service-learning experiences in urban First Australian contexts are shown to equip the emerging workforce with supportive networks, experience in culturally-responsive service provision and supported opportunities to develop ways of thinking, doing and partnering with First Australians towards optimising health and well-being.

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