'I do and I understand': The importance of reflective placements for the self-perceived work readiness of health sciences students

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Abstract

POPLHLTH 302: Health Service Placement is a community health placement program that forms the capstone course for the Bachelor in Health Sciences (BHSc) at the University of Auckland. It aims to enable Population Health students to develop through experience the competencies that they will need to be employed in a broad range of roles in the health sector, including health policy analysis, health management, health information and health promotion. It provides students with the opportunity to gain a critical understanding of an organisation through day-to-day engagement with the provision of health services, and thereby to transition from university to work and to develop life-long learning attitudes and skills. Eighty-three students enrolled in the course completed a questionnaire before and after their placement about their skills, confidence and readiness to participate in the health workforce, and their knowledge of it and the health needs of the NZ population. A mixed methods analysis of the data confirmed that students' perceptions of their work-readiness improved over the course of the placement, in particular, where transferable skills such as confidence, time management, networking, the application of theory in practice, and team work were concerned.

Keywords: experiential learning; work readiness; reflective practicum; health sciences;
higher education

Introduction

The Confucian adage 'I hear and I forget; I see and I remember; I do and I understand' has become an axiom of experiential learning. But the 'and' of 'I do and I understand' begs the question: how do students get from 'I do' to 'I understand'? The answer lies in the nature of the 'reflective practicum' that experiential learning offers, whereby students 'learn by doing' under supervision through 'reflection-*in*-action' and 'reflection-*on*-action' (Schön, 1987, p. xii; see Beard & Wilson, 2013). Work placements can offer just such an opportunity because they allow students to reflect not only on their potential role as employees in a certain workplace and context, but also

on how their academic knowledge can be applied and transformed in the workplace (Smith, Clegg, Lawrence, & Todd, 2007). Consequently, work placements can enhance the work-readiness of students who complete them (Wilton, 2012) and answer to employers' oft-voiced concern that graduates need to be work-ready on being employed (Hager & Holland, 2012). Our study examined the reflections on their work-readiness of students completing a community health placement programme, and what those reflections suggest for educators concerned with pathways through and out of higher education.

POPLHLTH 302: Health Service Placement is the capstone course for the Bachelor in Health Sciences (BHSc) at the University of Auckland. It aims to enable Population Health students to develop, through the experience of a community health placement, the competencies they will need in order to be employed in a broad range of roles in the health sector, including health policy analysis, health management, health information and health promotion. In addition, it provides students with the opportunity to understand a given health sector organisation through day-to-day engagement with its provision of health services, and thereby to transition more effectively from university to work, and to develop life-long learning attitudes and skills. In our study, two cohorts of about 30 students who were enrolled in the course completed a questionnaire before and after their placement about their skills, confidence and readiness to participate in the health workforce; and their knowledge of the health workforce and the health needs of the NZ population. We found that, overall, students reflected more positively on their work-readiness after the community health placement than before it, and supported the incorporation of placements in their Population Health programme.

Literature review

There exists a burgeoning literature that explores employers' oft-voiced concern that new graduates should be work ready on being employed (see, for example, Hager & Holland, 2006). It has shown that disciplinary knowledge alone is not sufficient to ensure that graduates get a job and do it effectively; hence, there has been a growing emphasis on the understanding and application of job-related knowledge and skills in university study, particularly in students' final year of study (Crebert, Bates, Bell, Carol, & Cragnolini, 2004). Work placement opportunities at that point in the degree can be a platform for students to apply and reflect on the disciplinary and generic skills that they have learned in class. For this reason, the incorporation of work placements in undergraduate degrees is becoming more and more common, and is seen to benefit both graduates and employers. It is also thought to directly influence graduate employability because it offers students a 'head start' in their careers and facilitates the development of generic skills such as teamwork, communication, critical thinking and problem solving (Wilton, 2012).

However, there is no clear consensus about the concept of work readiness, its components, and how to teach for it. Firstly, the terms 'work readiness', 'work preparedness' and 'graduate employability' are often used interchangeably. Secondly, although the terms 'generic attributes' and 'transferable skills' are most commonly used to describe the components of work-readiness, these components are often not directly taught or assessed in the classroom, in particular, the personal attributes and relational skills (Gardner & Liu, 1997). Nonetheless, there is broad acceptance that work-readiness can be defined as *the extent to which graduates are perceived to possess the attitudes and attributes that make them prepared or ready for success in the work environment* (Caballero, Walker, & Fuller-Tyszkiewicz, 2011, p. 42). The attributes, attitudes and skills that inform it may include motivation, maturity, personal growth/development, organisational awareness, technical focus, interpersonal orientation, attitudes to work, problem-solving,

adaptability and resilience (Caballero et al., 2011).

Work readiness has thus been linked closely with success in the workplace, namely, the potential to perform well at work and hence to advance in a career (Caballero & Walker, 2010). According to Harvey, Moon and Geall (1997), employers expect effective employees to be confident communicators, good team players, critical and creative thinkers, problem-solvers and individuals capable of adapting to and initiating change. Increasingly, however, they are unsatisfied with the quality of graduates, who are seen to lack many of these attitudes, attributes and skills, in particular, creativity, problem-solving, and communication (AC Nielsen Research Services, 2000). There thus appears to be a gap between what employers say they need and what universities are teaching (Jackson, 2013). For this reason, Analoui (1993) recommends a closer alignment between universities and the workplace to ensure that this gap is bridged by the effective development of relevant attitudes, attributes and skills. Work placements for undergraduate students are perceived as an effective way to do so, both by governments (see, for example, National Committee of Inquiry into Higher Education, 1997) and researchers (see, for example, Crebert et al., 2004).

Both employers and students have responded positively to the introduction of work placements. Employers rate those graduates who have undertaken work placements as more work-ready (Harvey, Moon, & Geall, 1997). Students tend to perceive themselves as more work-ready and better placed to advance in their career as a result of work placements; in addition, they tend to be offered a higher level of responsibility by their supervisors and employers (Crebert et al., 2004). Students see work placements as enabling them to integrate practical and theoretical knowledge, clarify their career plans, familiarise themselves with work practices and cultures, acquire skills directly relevant to their work, and enhance their attractiveness as job candidates (Nove, Snape, & Chetwynd, 1997). However, we would argue that students' perceptions of work-readiness must be informed by reflection, as Smith et al. (2007) have suggested: *The pedagogical benefits of work-based experiences depend largely on the extent to which students reflect on them and the extent to which they take understandings derived from an academic context and relate these to work* (p. 132).

Context

POPLHLTH 302 is a one-semester capstone course for the Bachelor in Health Sciences (BHSc) at the University of Auckland. The BHSc is a unique non-clinical program that provides a multidisciplinary understanding of health, healthcare and health services in Aotearoa/New Zealand, and how to improve health services and outcomes. Graduates are employed in a broad range of roles including, but not limited to, health policy analysis, health management, health information and health promotion. The course provides students with the opportunity to explore such roles in a placement in a contemporary health service setting. They are expected to gain a critical understanding of the host organisation or service through exposure to a range of its day-to-day activities such as carrying out assigned work, observation, reviewing of non-confidential service documents, shadowing staff members to gain an understanding of what they do, sitting in on meetings, asking questions and having discussions with staff members.

Students are expected to achieve a number of learning objectives:

- To demonstrate a critical understanding of a specific health organisation or service and the broad influences on its development of health systems, economic, societal and political contexts.
- To develop skills in influencing health service decisions through carrying out assigned work,

report writing and oral presentations.
- To develop skills in communication, working in teams, reflective practice and life-long learning related to the placement.

These learning objectives reflect the BHSc Graduate Profile, in particular, the 'general intellectual skills and capacities' (including '[a]n ability to engage in reflective practice') and the 'personal qualities & professional integrity' it seeks to develop.

Students are required to spend not less than sixty hours in the host organisation and a further sixty hours in coursework, including an induction, four small-group seminars and assessments. There are four assessments, all of which are compulsory:

1. a learning portfolio that includes reflective blogs on learning and 'reflective development reflections' on skills development (40%);
2. an organisational report that describes and analyses the host organisation (20%);
3. an organisational report that addresses a project assigned by the host organisation (30%);
4. an oral presentation about the project (10%).

All the assessments explicitly task students to reflect on their work-readiness during the placement. For example, the reflective blog criteria require that students do as follows:

Personally reflect on the experience [of your placement]. For example: What have you learned from this experience? What have you learned about the work of this particular organisation? What have you learned about the health and social sectors that you did not know before? What have you learned about the skills, knowledge and personal attributes of people working in the sector need?

These reflections are assessed on 'clear evidence … of experiential learning: identifying, describing, reflecting on and learning from experiences in the placement.' The assessment criteria are designed to foster students' reflection-on-action, namely, how they think about an experience, analyse it and produce personal theories about it after it has happened (Beard & Wilson, 2002, p. 197).

Study methodology

The study was modest and exploratory. It aimed to capture the reflections of two cohorts of students (Semester One and Two, 2016) in POPLHLTH 302 on their work-readiness before and after the completion of a community health placement. To this end, an eleven-item questionnaire was developed (see Appendix), based on a validated self-check tool developed to assess the readiness of physiotherapists to work in primary health care in Aotearoa/New Zealand (Stewart & Haswell, 2013). The first ten questions of the questionnaire called for responses on a 6-point Likert scale from 'Strongly Disagree to Strongly Agree' (1: Strongly Disagree; 2: Do Not Agree; 3: Neutral; 4: Agree; 5: Strongly Agree; and 6: Not Applicable). The questions concerned students' skills, confidence and readiness to participate in the health workforce, and their knowledge of the health workforce and the health needs of the NZ population. A final open-ended question asked students to describe how the placement impacted their work readiness. The questionnaire was carried out with ethics approval from the University of Auckland, administered by the author not involved in teaching the course, and analysed by the authors. The quantitative data for each question was averaged and comparisons made between the results (primarily the 'Agree' and 'Strongly Agree' results) before and after the placement. In accordance with Boyatzis' (1998) inductive approach to thematic analysis and Braun & Clarke's (2006) guidelines for thematic analysis, the qualitative data for the final open-ended question was open-coded into themes,

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191

which were then reviewed, defined, ranked in terms of importance and summarised.

Results and discussion

Eighty-three students enrolled in POPLHLTH 302 completed the study. The results include data from the 2016 Semester One (n = 36) and Semester Two (n = 47) cohorts of POPLHLTH 302. We combined the responses because a similar pattern of response was observed for all the items during Semesters One and Two – except for two items. On average, Semester One students rated their knowledge of the demographic profile of the New Zealand population (M = 4.40, SD = 0.52) more highly than did Semester Two students (M = 4.00, SD = 0.50), which is a significant difference (t(33) = 2.12, p = 0.04). Similarly, Semester One students also rated their knowledge of the main health needs of the non-Maori population (M = 4.40, SD = 0.84) more highly than did Semester Two students (M = 3.64, SD = 0.70), which is again significant (t(33) = 2.74, p = 0.01).

Students' perceptions of their work-readiness improved on all ten questions over the course of the placement. The two items that improved most – over 50 per cent – were questions 1 and 3: 'I know what skills are required to participate fully in the health workforce' and 'I feel confident to participant fully in the health workforce.' For these questions 55.15 per cent and 50.02 per cent more students respectively responded 'agree' or 'strongly agree' on completion of the placement. The fact that so few students felt that they had the necessary skills (24.03%) and confidence (19.72%) to participate fully in the health workforce prior to their work placement supports the finding of Eley (2010) that medical interns similarly did not perceive themselves as work-ready prior to their internship. However, by the end of the placement, more students perceived that they had the necessary skills (55.76%) and confidence (69.74%) to participate fully in the health workforce.

Several other items improved over the course of the placement. For question 4 ('I feel ready to work on a health initiative with a local health organisation or service'), 46.86 per cent more students felt ready to work on a health initiative on completion of the placement. In response to the questions 'I am well-informed about the range of health and social services' (Question 9) and 'about the range of current health initiatives in New Zealand' (Question 10), 27.61 per cent and 37.75 per cent more students respectively responded positively on completion of the placement. In terms of having the skills to participate fully in the health workforce (Question 2) and to feel confident to integrate the knowledge learned in previous courses in an actual health setting (Question 5), 31.73 per cent and 39.49 per cent more students respectively responded 'agree' and 'strongly agree' by the end of their placement.

The final three items improved more modestly (less than 10%) over the course of the placement. The data suggests that the students already perceived themselves as well-informed about the demographic profile of the population of Aotearoa/New Zealand (Question 6: 85.56%) and the main health needs of the Māori (Question 7: 84.03%) and non-Māori population (Question 8: 67.08%). Because the ratings were high on these items, there was not much scope for improvement compared to other items (Question 6: 94.36%; Question 7: 86.68%; Question 8: 73.76%). Also, there was already strong awareness about the health needs of Māori and non-Māori population and the demographic profile of the Aotearoa/New Zealand population due to the thorough exploration of these topics in other courses in the BHSc program. That most students perceived themselves – paradoxically, but not unexpectedly – as better informed about the health needs of the Māori (minority) population that those of the non-Māori (majority) population (73.76%) suggests to us that we need to make students aware that majority populations (and students from those populations) can be blind to their status and needs as a population because

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they perceive health services to be targeted towards minorities.

Table 1 summarizes a *t* test on the combined response across the two semesters of the 35 students who consented to their responses being coded before and after the community health placement (Times 1 and 2, respectively). The students' scores increased from Time 1 to Time 2 on all ten items, although the difference was statistically significant ($p < 0.05$) for only eight items. The two items where the difference was not significant were about being well-informed about the main health needs of Māori and non-Māori. The increase from Time 1 to Time 2 in item 1 exhibited a large effect size (Cohen's *d*); that in items 6, 7 and 8 exhibited a very small to small effect size. The increase in all other items demonstrated a medium effect size (Cohen, 1988; Sawilowksy, 2009).

***Table 1*. Contrast of Time 1 with Time 2 for Students Perceptions on the Work Readiness Scale (n=35).**

	Time 1		Time 2				95% CI		Cohen's
	M	*SD*	*M*	*SD*	*t*(34)	*p*	*LL*	*UL*	*d*
1. I know what skills are required in the health workforce	2.54	0.95	4.00	0.87	-8.30	0.000	-1.81	-1.10	0.82
2. I have the skills to participate fully in the workforce	2.80	0.83	3.66	0.80	-4.90	0.000	-1.21	-0.50	0.64
3. I feel confident to participate fully in the workforce	2.80	0.99	3.80	0.72	-5.32	0.000	-1.38	-0.61	0.67
4. I feel ready to work on a health initiative	3.23	0.84	4.20	0.90	-4.79	0.000	-1.38	-0.56	0.63
5. I feel confident to integrate knowledge from my course	3.40	0.91	4.40	0.65	-6.10	0.000	-1.33	-0.67	0.72
6. I am well-informed about the NZ demographic profile	4.11	0.53	4.37	0.65	-2.32	0.027	-0.48	-0.03	0.37
7. … about the main health needs of Māori	4.17	0.66	4.31	0.83	-0.84	4.060	-0.49	-0.20	0.14
8. … about the main health needs of non-Māori	3.86	0.81	4.09	0.74	-1.31	1.990	-0.58	-0.13	0.22
9. … about the range of health and social services in NZ	2.97	0.66	3.51	0.95	-3.28	0.002	-0.88	-0.21	0.49
10. … about the range of current NZ health initiatives	2.86	0.85	3.66	0.87	-5.68	0.000	-1.09	-0.51	0.70

Note. CI = Confidence Interval; *LL*= Lower Limit; *UL*= Upper Limit.

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On average, the greatest increases in scores over the course of the placement were for items that referred to work skills and the confidence to apply them (items 1–5). We would assume that this was because the course focussed on developing skills in practice on the placements. The increases in scores for items about being well-informed (items 6–10) were modest in comparison, probably due to the scores for these items being on average noticeably higher than those of the other items initially. The exception to this trend is item 10, which began lower and increased the most of this set of items. We would assume that this was because students became better informed as they heard regularly from their peers about health initiatives in debriefing groups and oral presentations during the course. With respect to the other items that referred to being well-informed (items 6–9), we would assume that students' scores for these items were higher because students enter what is a capstone course relatively well-informed about population health needs in Aotearoa/New Zealand due to their learning in other courses during their degree. The placement experience would then serve to enhance rather than significantly increase their perception of being well-informed. Overall, we would argue that it is in the domain of work skills and the confidence to apply those skills that the greatest advances can be made through participation in the Health Services Placement course.

The final, qualitative question asked students to describe how their community health placement impacted their work readiness. Overall, the data it produced supported and deepened the quantitative data. It occasioned very positive responses, this response being typical:

> *In the beginning, I was very unsure of what to expect from my placement. Now, after doing almost 50 hours I am more prepared and more confident in being a part of a health workforce.*

To draw out the themes in the data, we applied Braun & Clarke's (2006) guidelines for thematic analysis. Two researchers worked together to analyse the students' responses to generate initial codes, which allowed for the responses to be grouped in the search for themes. The ten main themes were then identified and named, which represented what students perceived to be the major impacts of the placement on their work-readiness. After the third researcher had reviewed the codes and themes, an analytical narrative was constructed collaboratively. In descending order of their perceived importance to students, the themes were work experience, knowledge of the health workforce, work-ready skills, confidence, time management, communication, networking, reflection, applying theory in practice and teamwork (see Table 2).

Table 2: **Students' Descriptions of How their Placement Positively Impacted their Work-Readiness Presented as Themes**

Themes	Sample of student dscriptions
Work experience	*Definitely have more experience and have realized what type of work I want to do in the health sector after getting my degree.*
Knowledge of the health workforce	*The greater exposure to the health workforce has helped me gain a better understanding of skills and knowledge required as I graduate….*
Work-ready skills	'*The practical experience I gained provided me with a lot of knowledge and capability I missed out on throughout the degree. It*

	has helped improve skills that are essential when working in the health sector.'
Confidence	*'Helped to build confidence with working with others and good practical experience in the workforce.'*
Time management	*'Makes me more aware of what skills are needed + time management.'*
Communication	*'It has made me realise/understand what is expected of me/how to communicate with people in an effective manner.'*
Networking	*'I feel confident networking and meeting with people making effective working relationships and presenting myself to the workforce.'*
Reflection	*'I have been able to apply the theory from class and see how it does or does not reflect what some people in communities think and the way they live.'*
Applying theory to practice	*'It has allowed me to apply theoretical knowledge practically and realise my actual understanding of my knowledge.'*
Team work	*'The placement has improved my work readiness by developing skills such as … the nature of collaboration….'*

The data illuminated how students perceived the placements to have positively impacted their work-readiness. Work experience, namely, 'practical experience' or 'put[ting] skills to use in a real world setting,' emerged as the leading impact of placements for students. Students tended to take work experience to mean knowledge of the health workforce and work-ready skills. One responded that *I am now familiar with how the system works in a more tangible way*; another, more circumspectly:

> I now have a better understanding of what jobs are available and the skills required in the health care sector. I also now understand the wider context, the organisations are situated in and how they and the work they do is influenced by wider health targets organisations and initiatives.

According to one student, it provided 'knowledge and capability' that was missing from the degree:

> The practical experience I gained provided me with a lot of knowledge and capability I missed out on throughout the degree.

It tested another's adaptability:

> [It was g]ood to be put out of my comfort zone.

Several students responded that work experience enabled them to learn which skills were

necessary for work and to practise them, as one wrote:

> *The greater exposure to the health workforce has helped me gain a better understanding of skills and knowledge required as I graduate.*

Such work-ready skills involved simple skills like 'how to run a meeting, confidentiality practice, communication skills, etc.' and more complex ones like 'planning and leading a community-based project.' Further, practising these skills was thought to increase one's confidence, not only in 'working with others' (teamwork) and 'networking and meeting with people,' but also in learning new on-the-job skills:

> *I am aware that to start working in health you don't have to know everything, as you will learn a lot on the job.*

Some of these impacts align with the simpler generic attributes, attitudes and skills demanded by employers, as summarised by Crebert et al. (2004; after Harvey et al., 1997): *to be able to function in the workplace, be confident communicators, good team players'*(p. 150). They align only to a degree with the more complex attributes, attitudes and skills: *[to be] critical thinkers, problem solvers and, in addition, to be adaptive, adaptable and transformative people capable of initiating as well as responding to change* (p. 150). It might be expected that the latter attributes, attitudes and skills are perhaps more challenging for students to notice and reflect on, and more likely to emerge on reflection after graduation or on the job. Happily, however, reflection was thought by students to play a significant role in the impact of placements on their work-readiness. This reflection took three forms: reflection-on-action, self-reflection and meta-reflection.

Firstly, reflection took the form of reflection-on-action. According to one student, reflection allowed them to critically evaluate the 'theory' taught in class in practice:

> *I have been able to apply the theory from class and see how it does or does not reflect what some people in communities think and the way they live.*

Such reflection exemplifies Schön's (1987) concept of 'reflection-on-action,' whereby students think about an experience, analyse it and produce personal theories about it after it has happened. For him, such reflection becomes practical when it feeds into their 'reflection-in-action,' whereby they make sense of an experience while it is happening. Ideally, according to Smith et al. (2007), the feedback loop that results can generate a cycle of reflective practice, or a 'reflective transfer cycle,' in which the transfer of academic knowledge into the placement and vice versa *makes knowledge which was tacit explicit* (p. 133). The idea, raised in the last student quotation, that one would apply theory in practice to evaluate it embodies just such a reflective cycle of 'explicitation.'

Secondly, reflection took the form of self-reflection. One student suggested that reflecting on the placement led them to evaluate their learning:

> …*it has allowed me to reflect back on my skills and evaluate what skills I lack and I have currently.*

Another, commented that it [*d]eveloped [their] self-reflection skills.* Such reflection embodies the shift from what Jennifer Moon (1999) calls the stage of *working with meaning*, that is, reflecting on the meaning of an experience to turn it to a purpose or to represent it, to the stage of *transformative learning* or reflecting on one's – and others' – assumptions in, and processes of, understanding it (pp. 145–146).

Finally, reflection took the form of 'meta-reflection' (Zuber-Skerritt, 2015) when it turned to the

course itself, as it did for students who responded to the course's supposed ethnic bias and the direct relevance of its placements to the job:

> *[The placement] also highlighted the degree's lack of coverage of all the populations in NZs health needs. I feel I know a lot about Māori and Pacific but no other population groups.*

> *[It m]ade me realise the importance of what I have learnt at university and how it can apply to my future work, but I also felt underwhelmed by the work I did – like, it's not similar to what I will do in the future.*

Such reflection can feed forward into students' future learning: it enables them to reflect on what they ought to be learning to best enhance their work-readiness, and to share these reflections with those who are tasked with facilitating that learning.

The different modes of reflection demonstrated by students thus show that work placements can allow students to reflect not only on their potential role as employees in a certain workplace and context, but also on how their academic knowledge can be applied and transformed in the workplace (Smith, Clegg, Lawrence, & Todd, 2007). For this reason, they can enhance the work-readiness of students who complete them (Wilton, 2012).

Conclusion

The present study investigated the perceptions of students of a capstone community health placement course (POPLHLTH 302) about their work readiness. The results were promising. Both the quantitative and qualitative data supported the significance of work placements and their impact on work readiness. Overall, students reflected more positively on their work-readiness after the community health placement than before it, and supported the incorporation of placements in their Population Health programme, in particular, to assist them in developing both the necessary skills to be work ready and an understanding of what to expect from work after graduation. Students perceived that their work-readiness improved through the practice of transferable skills such as confidence, time management, networking, the application of theory in practice, and team work. Furthermore, they considered that reflection – on how theory worked in practice (reflection-on-action), on the nature of their learning (self-reflection) and on the course itself (meta-reflection) – played a significant role in the impact of the placements on their work-readiness. This suggests that educators concerned with pathways through and out of higher education would do well to integrate opportunities for reflection into work placements. A forthcoming study will follow up with the students 3–6 months after graduation to address whether there is any change in their perceptions of their work-readiness and how the community health placement contributed to it – and to compare data from those who have and haven't found employment in community health services or organisations. It will also include data from the employer supervisors on their perceptions of the contribution of the placements to students' work-readiness and employability.

Disclosure statement

No potential conflict of interest was reported by the authors.

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Appendix

Impact of community health placement internship on the work readiness of POPLHLTH 302 students

Instructions: Circle the most appropriate option on a six point scale, where 1 = Strongly disagree, 2 = Do not agree, 3 = Neutral, 4 = Agree, 5 = Strongly agree, and 6 = Not applicable

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Q.1 - I know what skills are required to participate fully in the health workforce.

1   2   3   4   5   6

Q.2 - I have the skills to participate fully in the health workforce.

1   2   3   4   5   6

Q.3 - I feel confident to participate fully in the health workforce.

1   2   3   4   5   6

Q.4 - I feel ready to work on a health initiative with a local health organization or service.

1   2   3   4   5   6

Q.5 - I feel confident to integrate the knowledge learned in my previous courses in an actual health setting.

1   2   3   4   5   6

Q.6 - I am well-informed about the demographic profile of the New Zealand population.*

1   2   3   4   5   6

Q.7 - I am well-informed about the main health needs of the Maori population.

1   2   3   4   5   6

Q.8 - I am well-informed about the main health needs of the non-Maori population.

1   2   3   4   5   6

Q.9 - I am well-informed about the range of health and social services in New Zealand.

1   2   3   4   5   6

Q.10 - I am well-informed about the range of current health initiatives in New Zealand.

1   2   3   4   5   6

Shekhawat, G.S., Sturm, S., & Dunham, A. (2017). 'I do and I understand': The importance of reflective placements for the self-perceived work readiness of health sciences students. *Journal of Teaching and Learning for Graduate Employability*, *8*(1), 188–201.

Describe how does the community health placement internship has impacted your work readiness:

Shekhawat, G.S., Sturm, S., & Dunham, A. (2017). 'I do and I understand': The importance of reflective placements for the self-perceived work readiness of health sciences students. *Journal of Teaching and Learning for Graduate Employability*, *8*(1), 188–201.