

Designing Integrative Learning on Placement: A Study of Student Experiences

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ABSTRACT

Changes in population trends mean that practitioners working in Australian hospital health care settings provide services for an increasingly diverse multicultural consumer base. As population trending diversifies, emerging patterns of health care call for expanded consumer engagement in ongoing patient care management, especially in relation to chronic health conditions. This increases the need to embed culturally relevant practices and to engage in effective partnership with diverse consumers, communities and professionals across the continuum of health care. In this context, health care services and staff must adapt, accessing new knowledge and developing skills and capability to ensure effectiveness. Hospital placements for social work students have potential to provide students with opportunities to develop knowledge and skills for recognising and responding to emerging client needs and contexts. To explore this potential, a hospital social work department and a state-wide social work and welfare clinical education program partnered with an Australian university to design a placement for students to work with Māori and Pasifika people accessing a specialist hospital renal care unit. The design engaged students in integrative learning which developed their abilities to make connections between research and practice knowledge and skills to address challenges, needs, and organisational goals with a specific client group. This article reports on findings from a study of student experiences of integrative learning on placement.

Keywords: *Placement design, Integrative learning, Student experiences*

INTRODUCTION

Australian healthcare settings are changing rapidly in response to population growth and increasing patient diversity, with an estimated 28.5% of the population now born outside Australia (Australian Bureau of Statistics, 2017) and a population which is ageing (Commonwealth of Australia, 2010). These trends influence the patterns and prevalence of health care needs, with recent figures suggesting that half of all Australians have a chronic disease and 1 in 5 people have multiple chronic diseases (Australian Institute of Health and Welfare, 2015). Alongside changes in the diversity of the demographic make-up of the Australian population, patterns of consumer need and service provision are changing expectations of the capabilities of practitioners. Social workers in hospital health care settings are under increasing pressure to demonstrate the impact and value of their interventions (O'Malia, Hills, & Wagner, 2014) and are now expected to engage, not only in clinical practice, but research and evidence-informed practice approaches. As part of this, they are often required to highlight the relationship between interventions and outcomes through evaluation of their practice, yet struggle to undertake, analyse and portray their work in such a way (Shapiro, Setterlund, Warburton, O'Connor, & Cumming, 2009). Further, there is often a lack of institutional support for social work research, and pressure from clinical and bureaucratic demands (Epstein, 2010). Consequently, a range of initiatives have arisen, both nationally and internationally, to assist social workers to undertake practice-based research and overcome such challenges (Tischler, Webster, Wittmann, & Wade, 2017). Beddoe (2011, p. 557) observes that "movement towards developing a profession more confidently grounded in research has been one of the most significant international trends in Social Work during the last decade." Initiatives have included, among other things, a focus on capacity building (McNeill & Nicholas, 2012) writing groups to disseminate practitioner knowledge (Boddy, Daly, & Munch, 2013), and an increasing number of university–industry collaborations (see for example, Ciro & Nembhard, 2005; Lewis, Kusmaul, Elze, & Butler, 2016).

Approaches to integrating research and practice have, however, tended to overlook the key role that students and new graduates play in the future of hospital social work and have focused on existing practitioners. According to Dodd and Epstein (2012), there are very few opportunities for students to engage in research in a meaningful way. This has implications for graduate readiness and future employability in a changing work context. Placement can offer opportunities for students to develop abilities to make connections across contexts, navigate emerging contexts and role requirements and to work with diversity and change in context. A placement which enables critical reflection on these issues can lead students towards more inclusive and integrative ways of thinking about the world (Lough, 2009; Mezirow, 1996). Ryan and Carmichael (2016, p. 152) suggest that developing reflexive professional identities is essential because "given the diversity and fluidity of professional contexts and knowledge" professional practitioners need the "ability to mediate both personal and social conditions in different times/spaces to make appropriate decisions (for ourselves and others) and take action." A placement design which creates opportunities to develop students' criticality and reflexivity builds capabilities for situating knowledge in context, recognising the influence of their own knowledge and values and those of others, and capacity to mediate practice in response to these understandings (Billett, 2011;

D'Cruz, Gillingham, & Melendez, 2007; Neden, 2011; Ryan & Carmichael, 2016). Taylor (1994, p. 406) suggests that learning intercultural competency can best be conceptualised as a transformative learning process involving interconnected events, approaches and experiences over time, which are examined through experiential participatory methods and critical reflection. Taking into consideration contemporary issues for social work practice in health contexts, we set out to design a placement that built capacity for students to learn through undertaking and integrating both research and practice, and critical reflection on their experiences so that, as graduates, they have the capability to locate, integrate and undertake current research and practice in health care in response to specific and emerging health needs. This design intended to build confidence and capability for practice with a culturally diverse patient group using a cultural focus for integrative learning. According to the Carnegie Foundation for the Advancement of Teaching and Association of American Colleges and Universities, integrative learning takes many forms including “connecting skills and knowledge from multiple sources and experiences; applying theory to practice in various settings; utilizing diverse and even contradictory points of view; and, understanding issues and positions contextually.” (Carnegie Foundation for the Advancement of Teaching and AAC&U, 2004). In our placement design, opportunities for integrative learning involved students in actively making connections across contexts involving Māori and Pasifika communities in a hospital social work renal care setting.

THE PLACEMENT AND STUDY

Aim

The aim of the study was to investigate whether students experienced increased feelings of confidence and capability, as well as changes in attitudes and knowledge, through integrative learning on placement in a specialised hospital renal care student unit.

The study specifically aimed to understand:

How students knowledge, sense of competence and confidence and attitudes developed over the placement including understanding how different aspects of placement design assisted with learning.

Students' perspectives and experiences of integrative learning, including development of competence in applying theory in practice, when working with cultural diversity in renal care and treatment.

Previous research

While social work student units were common in the 1980s, social work has tended to move towards an individualistic style of student supervision (See Hay & Teppett, 2011) despite the growth of student units in other disciplines such as nursing (see for example, Roxburgh, Conlong, & Banks, 2012). Consequently, members of the research team were involved in a previous study with this health service evaluating student experiences of a student unit providing advance care planning on an outreach basis. Lessons learnt from the earlier study included the value of a student unit in building student confidence and extending their skills and knowledge and the importance of clearly defined learning goals

and objectives for the students. This study informed our current approach to design within a student unit, and with a specific focus for integrative learning on placement.

The project team

Initially, a reference group was established which included the hospital Health Equity & Access Unit and cultural advisors, a director of social work at the hospital, a senior social worker coordinating the renal unit, a statewide and a senior clinical educator and two university social work academics. This group worked to establish broad and clearly defined goals and objectives for the placement and study. Several members of the group then formed a smaller research team and completed a detailed agreement, project brief, placement learning framework with associated forms and templates, interview schedule and ethics approvals for both university and the health service. The research team health service members undertook to provide specialist student placement supervision and coordination of students' practice and project work to scaffold their integration. A research team university member and a health service researcher (separate to the team) undertook interviews with students. These interviewers were chosen to reduce conflicts of interest as they had no direct responsibility for assessment of placement. Thematic analysis and interpretation were undertaken by the two university academics and the statewide clinical educator, and discussion of the findings was undertaken by the research team.

Placement and study design

The placement design recognized that clinical practice and research practice are contexts that provide students with different physical and social settings and activities that need to be reconciled and integrated for educational purposes (Billett, 2011, p. 9). Billett describes integration as an active process of engaging and integrating experiences across settings that situates learners as "active constructors of their knowledge, as they make meaning from their experiences" (2011, p. 11). To understand this process, learners experiences are placed "at the centre of considerations for realising the integration of learning across settings" (2011, p. 11). Understanding students' experiences of an active process of integrating learning across contexts enables us to understand if, and how, the placement design scaffolded integration from a student's perspective, and also their perspectives on its educational value and impact.

Learning on placement was organised by a structured and developmental learning plan and processes which aimed to engage the student on a developmental journey of making connections between the practice component and a project component. Achievement of professional standards was assured through development of organisational protocols for compliance, consistency and accountability, and adapted tools such as a Placement Activity Plan, Project Evaluation Tool and Student Learning Plan which incorporated the practice and project components. Over the four-day week of a four-month final placement, approximately two days a week were undertaken in clinical work in the specialist unit and other wards and the other two days were focused on related project work. Preparation in the early stages of placement included in-service training on Māori and Pasifika peoples' cultures and on undertaking systematic literature reviews in the Health Service. The project involved students preparing a systematic literature review of social work renal care and treatment and cultural aspects of this care and disseminating this to staff and students

in the renal care team. Learning from both project and practice were incorporated into standard social work placement reflective activities such as written reflection tasks set by the university as well as regular group and individual supervision. The reflections scaffolded the integration of new cultural understandings with clinical practice, to build confidence in undertaking and articulating culturally responsive, evidence-informed practice. This design also offered opportunities to directly inform wider capability building for a culturally responsive service through student presentations to social work supervisors and other students and through sharing their learning with the multidisciplinary renal care team.

Sample

The placement commenced in July 2016 and continued for four months. It involved three students, and all three students were women, final-year students, and studying for a Master's Degree in Social Work at the university involved in the study. The study employed a convenience sample approach, with every student on placement at the unit offered the opportunity to participate in the study. A convenience sample is appropriate when a researcher wants to understand and evaluate whether, or how much, an intervention is helping a particular group of people (Rubin & Babbie, 2011) and has consequently been chosen for this study as this approach aligns with the study aims. Potential conflicts of interest and ethical issues including those arising from differences in power in relationships and the assessment of placement were considered by the research team, and by both ethics committees. These were anticipated and addressed in the research approval process of both the university and health service research protocols, considered in the allocation of roles in the research team, outlined in the information provided for students as part of the invitation to participate and were discussed with students at different points over the placement.

Data-collection method

Data were sourced from interviews with social work students at the mid- and end-point of placement. The interview schedule was refined following several earlier iterations of an integrative design, a pilot interview with students completing their placement prior to the commencement of this study and a document analysis of preparatory interviews conducted with students as part of their orientation to placement.

Students were contacted via email and telephone and invited to participate by the interviewers. Interviews were semi-structured with standard, open-ended questions to provide rich detail of participant experience. Interviews lasted between 60 and 75 minutes. Students were invited to reflect on their experiences of learning on placement, including their knowledge and skills' development, attitudes and sense of confidence, their experience of integrating research and practice, key learnings, and their views on the integrative learning design. Further, students were asked about their experiences and knowledge of working with Māori and Pasifika peoples and their views on culturally relevant practice.

Data analysis

Thematic analysis of the interview transcripts was conducted in multiple waves of coding. Initially this involved determining preliminary themes and checking for inter-rater agreement by the three members of the research team described earlier, who separately coded five pages of one transcript for comparison, to check for consistency in analysis

(Denzin & Lincoln, 2011). Differences in coding were seen as useful insights and were discussed at length before agreement was reached regarding key themes. Transcripts were then coded by one researcher using NVivo™, with the aim of eliciting the major themes in the data. The more detailed analysis took place parallel to data-collection activities to ensure that early emerging themes informed subsequent interviews. Verbatim transcriptions of each interview were initially subjected to an open reading to gain an overall impression of the issues and concepts emerging from the data. This open coding process helped to ensure that the full range of participants' experiences, issues, values and meanings were represented in the development of an initial coding structure. Subsequent waves of coding involved developing deeper levels of understanding by categorisation of earlier codes into overarching themes and elucidation of relationships between themes. To ensure the validity and rigour of the conclusions, peer checking within the research team and member checking with student study participants were conducted to scrutinise the interpretations of the data and ensure that these interpretations were true to the data.

FINDINGS

The students initially expressed endorsement of the approach of connecting research and practice for gaining specific cultural understandings and skills relevant to renal care. They also expressed initial uncertainty about how integrative learning would emerge from this approach:

I think its great practice that we're having more interactions with people from culturally diverse backgrounds, but at the same time I just don't know how... [The research and clinical learning are] informing each other... (Student 2, Interview 1)

Some of this uncertainty reflects dualist thinking about research and practice. One student described these as activities that were seen to be in competition with each other, and adding to the schedule of learning on placement:

I think because we're spending time in the research side as well ... it's obviously taking away from [clinical] time that we're learning, and then trying to be across everything. (Student 2, Interview 1)

Another student expressed uncertainty about when or where research sits in relation to clinical practice:

I understand the value of research in social work as there isn't very much research in social work compared to say nursing or some medical fields, so I think there is a lot of value in it, I just felt like it [the research] was something that comes on later. (Student 1, Interview 1)

Over time, these distinctions were reconciled as students experienced perceptual transformations through integrative learning. They described coming to "see" how these activities were "informing each other" through their experience of integrating knowledge and practice to address real issues and contribute to real service development and then observing change as an outcome of these activities:

With this placement you can see it in practice. You can see what we've done and what our literature review has done, [it] has actually supported the social work department in making some changes in the area. I think that's really awesome to see actually... (Student 1, Interview 2)

Using regular and standard social work placement opportunities for review and critical reflection about research and practice focusing on specific client needs, culture and social work practice enabled students to both recognise and develop integrative thinking and practices over time. This aspect of the design situated students within active discussions of their lived experiences at the same time as examining different perspectives afforded by the lenses of evidence, culture and clinical practice. This enabled reflexivity about their integrative learning journey:

I started recognizing that when we were doing a project, that knowledge helped me to use [in] the clinical, so [in] being culturally competent ... and by reading certain literature that gave me ... insight [about] how to work with them and what would work and what not, so when meeting people from that background ... I was just trying to link that into the clinical practice ... so I think it's worked. (Student 3, Interview 2)

Students experienced the design as a scaffold for confidence and capability when it enabled them to achieve an alignment between evidence and practice. This alignment enriched their repertoire for responding to health issues, and transformed their emerging practice frameworks through the integration of cultural and patient perspectives:

... now I feel much more confident, [be]cause earlier I wasn't – I didn't have much knowledge about specialist disease or anything. I just had a brief knowledge, but then now since we [did] ... this literature review, it gave us enough knowledge, what to know, how it would be and different stages of specialist disease ... and how this transition takes place and how the people struggle with that. So now we have insight into that, so that really helped me to work there. So, I think that knowledge helped. (Student 3, Interview 2)

Students identified that uncertainties about the integrative learning design could have been mediated by early orientation, undertaken jointly by supervisors, staff and students to endorse and facilitate the intended outcomes. This preparation would build confidence in talking about integrative learning and in adapting aspects of supervision processes to accommodate an integrative learning focus. It may also help with dissolving constraints on embedding new knowledge into organisational processes, and encouraging integrative learning across the organization.

The findings indicate that design-facilitated integrative learning across three dimensions: cultural, clinical and research, and the authentic focus for learning activities created a context for connection between these dimensions. Learning within each dimension is discussed next.

A cultural dimension

Students identified that the evidence highlighted a need for family-centred practice, and could recognise that this contrasted with their experience of an organisational context based

predominantly on individual, person-centred practice. They reflected that an individualistic approach to care and a bureaucratised operationalising of this approach, did not seem to align with the predominant Māori and Pasifika people's collectivist world view and focus on family, community, spirituality and emphasis on relationships which were highlighted by the research evidence. Also, students identified evidence which recommended ways to accommodate cultural differences which did not seem realistic or achievable within the organisational context. These divergences between evidence and practice created opportunities for critical reflection about constraints on integrating evidence into practice contexts:

For example, there's been a suggestion in a lot of articles saying if a person's from a certain culture [health staff] from the same culture should be helping this person, but how do you do that when there's 250 different nationalities just in the [local] area? You can't have ... [health staff] for every type of client. So, it's a little bit tricky. (Student 1, Interview 1)

The combination of new knowledge derived from research evidence, and the lived experience of direct practice with patients and their families from Māori and Pasifika cultural backgrounds, generated opportunities to build confidence through learning about barriers to effective work with different cultural groups. Students recognised when assumptions led practitioners to take culture for granted. Assumptions identified included that patients will ask questions if they do not understand, that diversity can be recognised through family names, that hospitals are preferable or superior contexts for health care over community, church or family settings. They were reflexive about underestimating or undervaluing the healing potential of wider social supports in family and religious contexts.

Other dimensions of learning identified by students included developing critical perspectives on the implications of gaps in social work evidence, the significance of evidence from other disciplines, and of social work discourses. Students developed criticality about the practice of sharing personal narratives in professional relationships, and how this may have potential for more authentic and effective engagement with these patient communities. Students learned about the impact of gendered roles and status in communities and how these should inform practitioners' planning and decisions about who should be spoken with by whom, to perform culturally sensitive practice. They reflected on an emerging recognition of different ways of understanding such as how the health of the individual may be of less importance in some cultures than the health of the collective; how interdisciplinary practice can improve the cultural relevance of health advice; about how culture has an impact on health; and the potential consequences of prescriptive approaches to practice in a context of diversity and change. This learning encouraged students to apply a cultural lens in their emerging practice frameworks. It enabled increasingly responsive practice, with expanded capability to be flexible in accommodating cultural considerations in communication and in their use of self:

I suppose in a sense from our literature I've learnt that culture is so varied and different that it's hard to just box people in those cultures and just say, "Okay, we work with these people like this." It can't be done like that, it has to be more fluid, and I think more "social work" I suppose; rapport building and communication skills, [and] help with questioning. So that's been good learning for me. (Student 1, Interview 2)

Students describe increasingly complex appreciation of the impact and implications of chronic illness, and the potential for social work to make a difference in patients' lived experience of chronic illness. Students' discourse about culture expanded beyond ethnicity to include organizational and professional cultures. For example, one student reflected on cultural differences between the medical model and social work approaches to diagnosis, differences the student came to conceptualise more clearly:

... it would be interesting [to work in the field or specialist care and treatment] as there is a lot of ongoing work with people, and ... their needs will change over time, and people's ability to adjust to the different lifestyle and the different eating habits ... even to the adjustment of having a different treatment or just getting the diagnosis, it's pretty interesting ... in that regard, the different problems that people might have. And thinking about it ... you can see the chronic illness impacts on other areas of their life. I suppose from a medical model they just see that okay, they've got this illness, let's treat it, whereas social work sees it from a different approach where okay, they've got this illness but it's going to change how they live and how they function now. And it can impact on all sorts of things such as their social life, their food, their accommodation, their housing and needs of support, and that will change over time as they age or the disease progresses. (Student 1, Interview 2)

A clinical dimension

A focus on integration enabled students to learn to differentiate between process and content, and to articulate distinctions between the ways they have learned (*learning through*) and what they have learned (*learning about*). This contributed to understanding themselves as learners and developing confidence as practitioners by overcoming challenges to learning.

Learning through: Students described learning through a range of opportunities which engaged them separately and together in clinical and research activities. These included the following: observing and shadowing others; doing practice; being observed; developmental feedback from supervisors about capability; learning about organisational and professional cultures through exposure to different wards, staff, processes and ways of practising across the hospital; through teaching, presentations and orientations to context; through articulating clinical and cultural knowledge; through skills practice with patients and processes; and through using information management systems for practice and research.

Learning about: Students learned about organisational practices and dominant discourses. One student described how she came to understand that recognition and understanding of patients' cultural needs and identities may be constrained by organisational processes and practices:

That screening tool had been developed so that we could contact people from the Māori and Pacific Islander population, but the databases aren't really set up to find people from that background. The process for trying to find people is to go onto one database that tells you the people coming into clinic and then go onto another database and look at their background, and then from there try and determine if they are, but none of the questions in there really ask what country you're born in. So, trying to find people – it's been very challenging. (Student 2, Interview 1)

Students described learning about disease, its impact and treatment, and learning to communicate knowledge in practice enabled them to speak confidently, and with culturally relevant expertise about clinical matters:

... just being able to speak about chronic kidney disease, I surprised myself with how much I actually – how much knowledge I've retained, and that has helped me being able to articulate to other people what the impacts of chronic kidney diseases and then the cultural layer as well, what the additional impacts would be. (Student 2, Interview 2)

The application of new cultural knowledge to practice enabled perceptual shifts, changes in beliefs, behaviours and relational practices. One student described learning about the importance of communicating in ways which demonstrate acknowledgement of, and respect for, culture – for giving patients a voice and for meaningful relational engagement. She describes experience which has validated the value of integrating evidence and practice for her:

[I've] been able to apply ... knowledge to practice ... by understanding the background ... culture and beliefs and what's important to them. So, for example in Māori and Pacific Islanders, family is important to them, and men who [don't] prefer to talk ... directly ... to female[s] – if the clinician is a female, they would prefer their wife to talk to me instead of them, and I have experienced that. (Student 3, Interview 2)

A research dimension

Students identified a wide range of learning emerging from the integration of research activity into clinical practice. This included learning how evidence can be influential as a conduit for introducing change to an organisation and how organisational culture can limit that potential. Also, how both separately and when integrated, these activities can be time-intensive and sometimes unpredictable and how structure, guidance and timeframes can assist with maintaining focus and productivity as well as enabling integrative learning. This learning was transformative in that it led to a shift from a binary to an integrated practice framework:

When we last met I think I was a bit confused with the integrated placement. My concern was we are not getting enough clinical exposure. ... but ... now it's been changed, and I'm happy with this placement...because then I started recognising that when we were doing a project, that knowledge helped me to use [in] the clinical practice, so being culturally competent. (Student 3, Interview 2)

Placement learning design which integrated research into practice added value for students who perceived this as increasing their employability and career skills as graduates. This makes placement with integrated learning attractive for students:

I ... thought because we were so driven by research and those skills are going to be very critical for future career and everything, I thought that this placement would be a good opportunity to learn through [the Hospital Health Service] as well and to get that training so that if I did want to then pursue a career in ... Health, I could utilise those research skills in selling myself I guess, for future employment; learning the technical skills of evidence informed practice through

a literature search including sorting, reading, assessing quality and relevance, writing up and disseminating as well as integrating into practice. (Student 2, Interview 1)

One student describes how the focused and structured design enabled integrative learning, and the impact she anticipates that this learning will have on her professional identity as a lifelong learner:

In regards to being helpful [the integrative learning on placement] really strengthened my knowledge of research in social work and the field and generally really. So it was great doing actual literature ... and having that [process] explained really well and in a structured environment. I think it's also helped with the deadlines, having them set in stone and having someone every step of the way helping. I think I need that supportive environment for me to learn, especially when it's such a different way of writing compared to a uni[versity] assignment. I've developed a better understanding of evidence informed practice and how that's really important in social work and generally within any field really. I think that's something I'll be taking on with me throughout my career ... (Student 1, Interview 2)

DISCUSSION AND IMPLICATIONS

Our findings suggest that placement design which created opportunities for integrative learning through connecting practice and research linked to client needs and organisational goals scaffolded and extended students' confidence, skills and capabilities in culturally relevant and evidence-informed practice. This is a small study and, as such, it is limited by its scale, scope and focus on students' perspectives. It may also have been limited by the overlap of roles between research and placement created by the embedded approach. However, it contributes new knowledge about the role that experiences of integrative learning have in transforming students' confidence, attitudes and practice. It reveals the educational value that integrative learning adds for students, as preparation for practice in diverse and changing work environments. Through articulating students' lived experiences in the placement context, the study also contributes to our understanding of those aspects of learning design and organisational context which facilitate and constrain integrative learning.

The findings highlight four key steps in designing for integrative learning on placement:

1. Establish a context for integrative learning at the outset with all involved, and revisit this at intervals throughout.
2. Identify authentic client needs and organisational goals as the focus for integrative learning.
3. Enable students to undertake inquiry, analysis and the application of research evidence directly to their clinical practice on placement to scaffold integrative learning experiences.
4. Apply the lens of integrative learning as a specific focus in reflective writing and supervision, to extend conceptual learning about the knowledge making process, and to scaffold criticality and reflexivity about the application of knowledge in practice.

Through an integrative learning design, students experienced progressive development toward a practice framework and capabilities that clearly demonstrate important social work values and practices such as being inclusive, culturally relevant, evidence-informed and patient-led. Pre-existing dichotomies had situated research and practice as physically distinct, sequential activities respectively informing knowledge and skills. These dichotomies were dissolved as connections were made by students engaging in critical reflection on research and the simultaneous application of this knowledge in practice. This is consistent with learning which is both informative and transformative (Kegan, 2000, p. 49); involving both learning within a pre-existing frame of mind, and learning which reconstructs that frame. These outcomes endorse Belenky and Stanton's assertion that a "collaborative process of assessing and reformulating basic assumptions about the knowledge-making process permits more inclusive, discriminating, permeable and integrative ways of knowing the world" (2000, p. 71).

CONCLUSION

Our findings suggest that placement design which directly connects research and practice created a context for learning through the integration of different physical, cognitive and social activities, discourses, and experiences. This integration, and the focused activities that scaffolded it, enabled learners to develop reflexivity and criticality, as well as capability for working with diversity. Embedding this activity in authentic client and organisational needs and goals has engaged students personally and professionally in meaning making, and progressive development of evidence and culturally informed practice. The focus on integration introduced a new learning narrative which repositioned discourses about research and practice, knowledge and skills in relation to each other. Through sharing their lived experiences of their journey, students have contributed to our knowledge about integrative learning design which scaffolds the development of capability for practice in a diverse and changing workplace.

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