A DESCRIPTIVE ANALYSIS OF A HEALTH MANAGEMENT WORK INTEGRATED LEARNING COURSE: MOVING FROM HEALTH SERVICES MANAGEMENT LEARNING TO EMPLOYMENT READINESS

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ABSTRACT

Health Management Work Integrated Learning is a 40-credit point penultimate course of experiential learning in the Master of Advanced Health Services Management M(Adv)HSM now offered by the School of Medicine Health at Griffith University.

WIL was initiated in 2009 within the School of Public Health [Lilley et al (2009) based on a Teaching and Learning Grant to meet an existing experiential learning need identified for students studying in the enabling professional area of health management. After 15 semesters of delivery of these courses (completed at December 2016), it is timely to report on the quantitative attributes on the course to inform the post-graduate literature on this type of education. An objective of this review is to influence both curricula and student decision making regarding the future conduct and enhancement of tertiary preparation for health services management HSM employment. WIL has experienced a large increase in student enrolments in recent years suggesting that there is both strong demand for this nature of learning and student satisfaction with the quality of the learning modality in preparing for a career in HSM.

KEYWORDS

WIL, health service management, work readiness, partnerships in education, health leadership, globalisation

INTRODUCTION

Health Management Work Integrated Learning is a 40-credit point penultimate course of experiential learning in the Master of Advanced Health Services Management M(Adv)HSM now offered by the School of Medicine Health at Griffith University. It utilises a blended learning methodology to optimise the attainment of its aim:

The course provides a Work Integrated Learning (WIL) opportunity through a full-time workplace placement in a health care organisation. The course is available to students enrolled in the Master of Advanced Health Services Management (M( Adv)HSM) program. The aim of WIL is to provide students with the opportunity to translate the content of the postgraduate program to the context of the workplace. This experience will allow the student to develop the necessary attributes, skills, and competencies expected in a health service management postgraduate professional. [10]

WIL was initiated in 2009 within the School of Public Health [9] based on a Teaching and Learning Grant to meet an existing experiential learning need identified for students studying in the enabling professional area of health management. After 15 semesters of delivery of these courses (completed at December 2016), it is timely to report on the quantitative attributes on the course to inform the post-graduate literature on this type of education. An objective of this review is to influence both curricula and student decision making regarding the future conduct and
enhancement of tertiary preparation for health services management HSM employment. WIL has experienced a large increase in student enrolments in recent years suggesting that there is both strong demand for this nature of learning and student satisfaction with the quality of the learning modality in preparing for a career in HSM.

This paper is based on an evaluation report prepared in 2013, with additional data added without modification to the original research design. These additional data from 2014 to 2016 shows the actual growth predicted in the 2013 evaluation report. Normal Ethics Committee protocols were applied for the human research data component. Griffith University Ethics Committee approval Reference Number PBH/19/13/HREC approved on 26 March 2013 was applied for before participant data gathering commenced. No other approvals were required.

AIM

The aim of this paper is to provide a descriptive analysis of students’ performance results, their selected project topics and overall results of WIL within the wider context of its parent program.

DESCRIPTION

Course Structure. WIL is a 40-credit point course equivalent in terms of student workload to four standard university courses (representing 25% of the two-year degree program). It is undertaken in the final semester of an M(Adv)HSM candidate’s study and is a compulsory part of this two-year degree program. WIL takes place primarily in a real-world workplace once students are connected to an industry host HSM organisation. Now coordinated by the School of Medicine, it is structured to closely mirror the academic and vocational aspects of modern professional HSM practice. WIL is not “work experience”[17, 9] it is a carefully constructed learning event based on current known best practice for this modality of advanced education.

WIL AS A LEARNING THEORY

WIL is a well-established learning modality. While these HSM WIL courses have been offered since 2009 [9] to take specific advantage of this modality, WIL has been employed for much longer across the tertiary sector, having its roots in the apprenticeship approach to some forms of learning. There is increasing emphasis on WIL within tertiary organisations to enhance graduates’ employability by increasingly embedding workplace and applied learning opportunities within the curriculum [3, 14]. WIL has been used for some time by both the technical and tertiary sectors and has been reviewed holistically by Patrick et al [15] via a systematic (and first) large scale scoping study of WIL in Australia. The aim of that study was to identify issues and map the growing utilisation of WIL in this country and to identify ways of improving the student learning experience in relation to it. Their report stated:

“The project was undertaken in response to high levels of interest in WIL, which is seen by universities both as a valid pedagogy and as a means to respond to demands by employers for work-ready graduates and demands by students for employable knowledge and skills.” [15 p.4]

A consequence of that landmark study was the presentation of three recommendations:

1. University leaders, including WIL staff, consider implementing a systematic approach to resourcing the provision of a diverse WIL curriculum and, in collaboration with employers and the professions, identify and support successful strategies for future growth.

2. Stakeholders consider collaborative research into WIL curriculum and system that enable sophisticated and sustainable partnerships.

3. Stakeholders consider ensuring equitable participation and access by all students by collaboratively developing WIL funding structures, policies and strategic approaches [15].

These are powerful evidence-based findings, and it is useful to review this WIL course in their context, given that it is still in its relative infancy. As Lilley et al[9] point out:

“While the role of research and evaluation to support and inform the quality, effectiveness and adaptability of new learning is supported, to date there has not been any extensive or rigorous investigation of the WIL international-student experience”.

This observation serves the dual purpose of indicating the relative lack of definitive examination of WIL as a learning
modality, and the phenomenon experienced in these HSM WIL courses of the very high level of international student participation. Since that time there has been an increasing amount of informed publications on WIL, as exemplified by Coll and Zegwaard’s [4] compilation of an International Handbook on WIL. However, the content of that compilation and a wider literature review is beyond the scope of this report, which focuses on these HSM WIL courses. It represents a fresh approach to the preparation of HSM professionals at this advanced level. There are no other readily identified learning opportunities at Masters level where students can achieve truly practical applied learning of HSM as a capstone to periods of theoretical learning.

Operational Opportunities in the Literature. The learning and development opportunities from WIL have been identified as the articulation of theoretical concepts into work life; transition from the learning environment into professional practice; and supports the important objectives of work ready graduates from tertiary education[1].

The literature available on the Griffith University website largely addresses WIL as it applies administratively across all programs [7] and these outlines are replicated on a number of university information sites within Australia and internationally. Some of these guidelines are supported by the logic and reasoning behind the general requirements for different WIL programs [5]. Guidance specific to the HSM WIL courses is contained in the on-line course materials [6]. In the case of HSM WIL courses, there are some specific issues which fall into the categories of pre-course administration and academic preparation, and specific industry placement requirements.

A working manual continues to evolve for the WIL courses; there are known to be enhanced models elsewhere at Griffith University. These manuals are essentially procedural, with care needed to guard against redundancy given the frequent change of both overarching WIL policy and procedures on the Griffith University website, and through constantly evolving course management practices subject to continuous quality improvement.

Relationships. The WIL course is strongly student-centred, with the direct support of an Academic Advisor and a Workplace Supervisor, completing a triangular relationship shown at Figure 1.
Students identify a major body of work, typically a project, to deliver a tangible and usable result for themselves and their host organisation. In the process, they experience and apply HSM competencies in the host workplace. The course is based on a learning model which requires students to attend ‘work’ in a host organisation four and a half days per week. The remainder of the fifth day is assigned to revision and update lectures, tutorials and, in the second half of the course, mentoring support for the completion of the work project. This process has the double effect of providing a high-fidelity student experience in a real-world setting, supported by the latest university learning support. In so doing, it enables the consolidation and testing of the theoretical aspects of HSM competencies acquired during the formative subjects in the Masters degree.

WIL has been offered since Semester 2, 2009 when an initial delivery pilot was conducted. Student numbers have varied each semester, with the numbers in part reflective of programming changes, cost, and program development to reflect HSM needs in the community. Figure 2 provides an indication of numbers to complete the course, and enrolments for the immediate future.

**FIGURE 2: HEALTH SERVICES MANAGEMENT WORK INTEGRATED LEARNING COURSE STUDENT ENROLMENTS**

![Graph showing student enrolments](image)

**Learning Approach.** A high percentage of directed learning is accomplished via a blended learning approach. [4] Learning@Griffith, the University’s online learning platform, is used to provide/support almost all administrative guidance, workbooks, marking guides, lectures and assignment management relating to the university campus-based learning activities of the course as well as the workplace-based assessments. Further, advanced technologies (communications and virtual classroom - Skype and Wimba) have been employed successfully with students who underwent their placements interstate. Almost all of student communication with and supervision by the Academic Supervisor occurred through the use of such techniques to supplement the campus-based course delivery model which consists of face to face teaching, tutoring and administration. Students placed in interstate workplaces achieved very high results as well, suggesting that “online” delivery does work within the constraints of technology, and time resources (a single student on Skype takes about 50% of the time a normal class does, and adds to the time needed for programmed conventional delivery).

**Administration.** Administrative components of the course are also highly web-based, although a large amount of effort is still expended guiding students through them on an individual basis, including approval check points in that process, a requirement that at present still precludes full student “self-service”.

**Placements.** Placement identification and coordination, preparation and ongoing management and semester-
specific co-supervision with industry hosts (workplace supervisors) are crucial components of course management. This component of WIL takes a significant effort and the resource requirement was under-estimated in early resource attribution. Actual data collected in 2012 validated the necessary adjustment in administration and marking hours through assessment of the volume of in-field assessment work and the size and complexity of the health management experiential learning program as these are effectively proportionate to the student numbers, whereas lectures and tutoring are not (except when students are placed interstate). With the increase of student enrolment numbers and the introduction of an Advanced WIL course offering in 2015, the management of student placements has changed.

Placement identification and coordination for WIL from 2009 to Semester 1 2014 was handled on a case by case basis due to the lower numbers of students participating in the WIL course. By the middle of Semester 2 2013, it was identified that a new approach to placement identification, coordination and management was required. This new approach involved the establishment of group placements in various hospital and health services located close to the University. The trialling of individual student placements in rural health service locations has also led to the request from them to start Group Placements in those locations as well.

Individual versus group placements. The concept of placing large groups of students into the workplace is not new. Medical and nursing students are placed in large groups every semester. It has been an established course requirement for those students for many years. What made health management WIL so different from these other disciplines is that large non-clinical placements had never been done before in a health and aged care system setting. Because of this, the hardest part of securing these non-clinical group placements was changing the mindset of many HSM workplaces that the students were not there in a clinical placement sense, but rather there in a non-clinical HSM capacity. Overcoming this misconception on the part of host workplaces was key to ensuring that group placements could be established. From Semester 1 2015, more than 70 percent of all student placements have been covered by public hospital group hosts, 20 percent covered by private hospitals, with the remaining placements covered by private non-government organisations.

Supervision. Ongoing co-supervision of the student occurs once the student is placed, attracting a substantial workload for both supervisors. Engagement by Griffith University with host organisations now precedes student engagement by some months (finding hosts, negotiating placement topics and preparing for the semester). Once placement has been achieved through a matching process, mentoring of the student by both the Workplace and Academic Supervisors goes on throughout WIL, and generates a further substantial workload not envisaged when WIL was introduced. This is because student projects are all different in location, type and substance, so careful matching of host organisations’ needs/offerings with student preferences is a key to success in WIL. Acquiring sufficient working knowledge of different areas addressed by such projects is very different from simply marking a number of students answering the same question, and this necessitates a close and effective working relationship between the two supervisors.

So too is the research, marketing, negotiation and business continuity needs of WIL in this “high end” cognitive HSM competencies area, something which differentiates it from the undergraduate placement needs of vocational programs; e.g. doctors, nurses and allied health professions. These phenomena align WIL management and supervision much more closely with that required of higher research degrees, also an experience not recognised early in the program. Each student’s project is unique, and no two are marked alike other than through the application of generic marking guides; neither is the environment or opportunity for inter-semester replicability and the associated cost-effectiveness of “repeat business” placements such as those found with tertiary teaching hospitals for nursing or medicine students.

WIL STAKEHOLDERS

There is a range of stakeholders involved in providing or benefiting from WIL experiences. These include students, university staff – both academic and support – and workplace employers, government and professional associations. [3, 15] Martin et al [14] identify academia as a key stakeholder although this finding appears to reflect an educational sector perspective. Each stakeholder has its own array of perceived benefits and costs. Patrick et al [15] recorded:

While recruitment needs and responding to the skills shortage were identified as key motivators for most employer involvement in WIL, it was also recognised that employers, universities and
students derive other benefits through this engagement. For example, university staff consistently reported on the benefits of a stakeholder (or partnership) approach to improving student learning, engagement and retention, and described WIL as a link to the community that can also enhance opportunities for research partnerships. [5 p.v]

This paper focuses on three of these groups – the students, the university provider and the workplace supervisors. As virtually all commentators have pointed out, there is a need for collaboration and inclusive sector-wide engagement in WIL initiatives that can sustain the broad range of WIL initiatives. Notably, all survey respondent groups surveyed by the authors for this report supported this view; there is a triangular relationship and each depends on and derives benefit from the others.

In the case of these HSM WIL experiences, such collaboration and engagement is even more acute. For example, Griffith University has an on-campus WIL project and network [7] and several staff devoted to research and coordination of WIL practice, with external links to similar entities. This is an example of the second Patrick et al[15] recommendation above. This WIL community collaborative is a structure into which the University’s HSM WIL course convenor has integrated in order to derive state of the art process and knowledge benefit for the ongoing continuous improvement of the course from other WIL practitioners.

TRANSFORMATION
WIL is about helping ensure the consolidation of a student’s theory and its mastery in a real workplace. Making that transformation is by no means assured, and so WIL deliberately sets out to maximise the probability of success on the part of the student to do so in a “safe” and controlled, well-supervised environment. In that sense, it is a transformational course for the students immediately, and helps confirm their readiness to join the HSM workforce where they are likely to be part of the current national health reform agendas sweeping the world. Accordingly, it is also proper to evaluate WIL in a similar manner as proffered by Best et al [2]:

“... transformative processes that are not easily measured (or cannot be measured at all) may be at the heart of what is observed. Evaluation demands a careful blending of quantitative measures and accountability with qualitative methods such as interviews, ethnographic observation, and storytelling to make sense of the transformation effort.” [2 p.437]

In the case of the great majority of international students who enrol in the HSM WIL courses they see “employability” as an outcome in their education. As Lilley et al [9] observed when citing related research, Australia’s culturally diverse student body has a low sense of belonging and fitting in, so they often see WIL as a means to address that need for employability, both in Australia and abroad. There are few other learning environments where the theory of HSM may be applied to the workplace in real time and work of actual benefit to all three key stakeholder groups be generated.

WIL PARAMETERS
Martin et al [14] and Martin and Hughes [13] further state that there is a variety of WIL practice generally, with passionate staff leading WIL programs across a range of disciplines with structured guidelines providing clear outcomes for students, academic and workplace supervisors. Preparation is important and applied learning should be integrated as part of the whole program of learning, with the following representing a number of considerations important for resourcing WIL effectively – scalability, assessment, workload industry connections and availability of support. [14]

In WIL, students are provided a range of pedagogies with current content knowledge and theory which is applied through practical work during a placement, normally through creation and management of a project, or the major component of one, at least to initiation stage. This process normally fosters both professional HSM skills development and behavioural, or generic, soft skills development that are considered vital to the ultimate delivery of observed competence in the real workplace.

Martin and Hughes [13] suggest that good practice is achieved through a focus on the following OCSSPA model components to guide practice and support students to develop professionally during their WIL experience:

- Organisation set up
- Competencies
- Supervision
- Student preparation
- Pedagogies
- Assessment
The application of this OCSSPA model played a key role within both the development of the WIL experience for students and the selection of industry partners used throughout WIL. Being able to map students to specific WIL experiences further assisted in the implementation of this model and ensured both students and industry partners achieved a return on their investment with WIL.

CONTRIBUTING TO THE GREATER GOOD

Universities Australia’s [19] report indicates there are four pervasive trends driving change in Australia, and especially so in Australian higher education: the emergence of the digital economy and new technology, globalisation and the Asian century, economic and industrial restructuring, and the need to improve productivity. It is contended that the WIL course directly addresses and contributes to all four of these trends. That paper advises government to make major investment in and support programs like WIL given that Australia is facing increasing competition, including from Asian universities, ironically in nations from which most of the WIL students presently enrol. That report states:

"Maintaining and enhancing Australia’s global position as a provider of higher education to both Australian and international students, and as a leading research provider in an increasingly competitive environment, must be the foundation objective of all future governments if the potential of the Australian university sector’s contribution to national wellbeing is to be fully realised.” [18 p.9]

This peak body’s position is clearly well served by courses such as WIL. The participant data below clearly indicate that at present, the MHSM and the option for students to include the HSM WIL courses to achieve the more senior extended academic award of M(Adv)HSM is high. So high, that the WIL option is sufficiently attractive at Griffith University for them to actually incur the expense of relocating here for the additional semester as well as paying the WIL fees. Students clearly see the nested MHSM degrees as providing an advantage over similar courses available in their home country [10]. WIL needs to be maintained and offered as an additional attractant to international students in particular. Such a direction clearly is in line with the intent and advice of Universities Australia. To that end, WIL could well be regarded as disproportionately valuable in the business of continuing to attract international students, and more of them. However, offsetting that is the question why domestic students are under-represented in HSM WIL courses.

QUANTITATIVE DATA, ANALYSIS OF RESEARCH PARTICIPANT RESULTS AND OTHER METRICS

ENROLMENT DATA

These show the following WIL statistics to date:

Student numbers and results. The distribution of these data is shown in Figure 3 below. Mean and median results are expressed out of 100 (100%).

Six different Course Convenors have supported a total of 196 students through WIL to end 2016, with a further 37 enrolled in Semester 1 2017. In the earlier years of the HSM WIL course when student enrolment numbers were small, course convenorship was managed by sessional academic staff or by convenors of other courses in the HSM department. Figure 3 illustrates this growth from the anticipated number in 2014, right the way through to the end of 2016.

All semesters completed from 2009 to 2013 reflect an average course size of 3.6 with a range from 1 to 7. However, with the increase in student numbers that occurred from 2014-2016, the average course size increased to 28, with a range from 8 to 41. Course Convenors who to date have had multiple students agree that the maximum tutor/supervising/marking ratio should be one per six students. If the numbers continue to rise, additional tutors/supervisors will be needed.

GPA RESULTS TO DATE

Student WIL Grade Point Average (GPA) results (maximum possible 7.0) and their total degree comparisons are shown in Figure 4 below. Student identity is blinded; data are presented by semester.

The WIL course median of 5.11 exceeds the final M(Adv)HSM GPA of 4.64 in Figure 4, which for 63% of the students completing the M(Adv)HSM, improved their overall result as well.

While the WIL result is also embedded in the GPA, the enhanced average result for WIL suggests both a consolidation of enabling learning achieved in the previous theory subjects, and a strong “value add” to the overall program and, arguably, an overall improvement in the practical competence of the graduates.
The WIL Course results reflect a maturation of competence by those who went on to complete WIL. For those who completed HSM WIL and attained the M(Adv)HSM, there is clear evidence of improved outcomes. However, before a definitive outcome or results can be confirmed, further research will now take place, to obtain comparative results in this area.

**FIGURE 3: STUDENT NUMBERS AND RESULTS BY SEMESTER**

<table>
<thead>
<tr>
<th>OFFERING</th>
<th>NO. OF STUDENTS</th>
<th>MEAN</th>
<th>MEDIAN</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 2, 2009 to</td>
<td>28</td>
<td>71.26</td>
<td>69.6</td>
<td>8.32</td>
</tr>
<tr>
<td>Semester 2 2013 *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester 1, 2014</td>
<td>8</td>
<td>87.28</td>
<td>89.05</td>
<td>6.38</td>
</tr>
<tr>
<td>Semester 2, 2014</td>
<td>19</td>
<td>83.42</td>
<td>86.10</td>
<td>8.14</td>
</tr>
<tr>
<td>Semester 1, 2015</td>
<td>26</td>
<td>73.14</td>
<td>75.06</td>
<td>12.82</td>
</tr>
<tr>
<td>Semester 2, 2015</td>
<td>30</td>
<td>69.99</td>
<td>72.15</td>
<td>9.97</td>
</tr>
<tr>
<td>Semester 1, 2016</td>
<td>41</td>
<td>76.37</td>
<td>79.10</td>
<td>10.41</td>
</tr>
<tr>
<td>Semester 2, 2016</td>
<td>40</td>
<td>76.31</td>
<td>77.98</td>
<td>11.70</td>
</tr>
</tbody>
</table>

*In order to de-identify individual or small numbers of student results, aggregation has occurred from Semester 2, 2009 to Semester 2, 2013.

**FIGURE 4: STUDENT WIL AND GPA COMPARISONS**

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>STUDENTS</th>
<th>WIL MEDIAN RESULT, BY SEMESTER</th>
<th>GPA MHSM- (ADV) MEDIAN RESULT, BY SEMESTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2009 to 2/2013*</td>
<td>28</td>
<td>5.23</td>
<td>4.96</td>
</tr>
<tr>
<td>1/2014</td>
<td>8</td>
<td>6.63</td>
<td>5.07</td>
</tr>
<tr>
<td>2/2014</td>
<td>19</td>
<td>6.35</td>
<td>5.11</td>
</tr>
<tr>
<td>1/2015</td>
<td>26</td>
<td>5.56</td>
<td>5.05</td>
</tr>
<tr>
<td>2/2015</td>
<td>30</td>
<td>4.95</td>
<td>5.01</td>
</tr>
<tr>
<td>1/2016</td>
<td>41</td>
<td>5.66</td>
<td>5.06</td>
</tr>
<tr>
<td>2/2016</td>
<td>40</td>
<td>5.73</td>
<td>5.09</td>
</tr>
<tr>
<td>Total Course Median*</td>
<td>5.11</td>
<td>4.64</td>
<td></td>
</tr>
</tbody>
</table>

*In order to de-identify individual or small numbers of student results, aggregation has occurred from Semester 2, 2009 to Semester 2, 2013. Total Course Median results were calculated from individual semester results, prior to the aggregation results of 2/2009 to 2/2013.
A descriptive analysis of a Health Management Work Integrated Learning course: moving from Health Services Management learning to employment readiness

WIL PROJECTS COMPLETED
During the past seven years of WIL, there has been a large range project topic completed. Figure 5 shows the spread of these projects from both government and non-government health service management organisations.

STUDENT ETHNICITY AND PROFESSIONAL BACKGROUNDS
Most students come from clinical undergraduate learning and backgrounds, with a few students also coming from a health services management background as well. Student backgrounds include:

- Medicine (including orthopaedic surgeon, plastic surgeon, public health physician)
- Dentistry
- Pharmacy
- Nursing
- Pathology Science
- Biochemistry/biotechnology
- Health Administration.

The ethnicity of students who have completed HSM WIL courses ranges across 21 different countries, as well as a small percentage of domestic students from Australia. Figure 7 shows you the spread of student ethnicity across the program, with the bulk of students who have completed the HSM WIL courses coming from India, Nepal and Pakistan. However, the widespread collection of the countries of origin, clearly shows the popularity of such a program and the benefits that students gain from applying learnt knowledge in an actual workplace (discussed previously and seen in Figure 5), prior to graduating.

Students from southern-central Asian countries report learning opportunities and the inquiry-based learning approaches in Australia generally as well as the opportunity for experiential learning in the health management discipline and the Australian healthcare system as key drivers for health management studies. Proximity to home and general economics for education appear as other drivers for studies in Australia compared to Europe and North America.

STUDENT EVALUATION OF THE COURSE (SEC) RESULTS
From student questionnaire data returned in 2012, 2013, 2014, 2015 and 2016, student satisfaction with both the course and the academic supervisors are characterised very good performance ratings and positive feedback and commentary. This data has been used to make ongoing process and content improvements, and suggest that qualitative feedback measures be continued to help ensure ongoing industry relevance and high teaching standards are maintained.

IS WIL UNDER THREAT – UNPAID LABOUR?
A recent enquiry into Unpaid Fair Work in Australia represented a potential issue for WIL. That report, authored by Stewart and Owens [17] stated:

Given too that the Fair Work Act 2009 excludes those undertaking unpaid ‘vocational placements’ from being treated as employees, we have concentrated on extracurricular forms of unpaid work experience – that is, those undertaken other than for the purpose of a formal education or training course. [19 p.ix]

Further, Stewart and Owens [17] report specifically addresses the nature of unpaid work associated with tertiary institutions, including the use of a detailed survey conducted by the Australian Collaborative Education Network (ACEN) which includes WIL as it is conducted by Griffith University. HSM WIL courses meet all of the requirements of robust parameters addressed by Stewart and Owens17. It is clear from their discussion that this WIL course is not one in which the students are in any way exploited as “unpaid labour”, and that WIL is fully consistent with the Fair Work Act 2009. In order words, there are no concerns in this context.

CONCLUSION
Numerous studies have identified that WIL is an effective way or preparing professionals for the workplace, and against such findings. Griffith University’s HSM WIL courses have now prepared sufficient graduates to enable clear patterns and trends to be evaluated in order to inform ongoing course recruitment, management and student learning experiences.
Other conclusions include:

- **WIL is an established source of student recruitment for Griffith University, with enrolments trending upwards.**
- **The enrolment data show that WIL is satisfying student needs, overwhelmingly that of an international student body.**
- **The workload is more intensive for course convenors than originally realised, but investment in on-line field support and workplace learning augmentation for the course has significantly reduced human-based administrative procedure.**
- **The health, aged care and disability care sectors are able to be engaged as a vital partner in the course and is satisfied that the course content and learning modality is suitable for early and mid-career health managers.**

**RECOMMENDATIONS FOR FURTHER RESEARCH**

Recommendations are:

- **Continued collation of graduate data to inform longitudinal analysis and course monitoring and management.**
- **Comparison of WIL placement organisation project work needs and selection by WIL students to optimise the probability of a good match and therefore better mutually beneficial outcomes.**
- **Comparison of the benefits of completing them in terms of even employability, student satisfaction and industry engagement perspectives because to date, only a few students have taken advantage of the extended/advanced HSM WIL courses.**

**Declaration:** Authors are employees of Griffith University with no financial affiliations with WIL student placement organisations. All are members of the Australasian College of Health Service Management.

**Declaration:** Two of the authors of this report are also informants to the process being evaluated. As such, the inherent accuracy of the data and discussion presented and capacity for total objectivity must be considered by the reader. The potential for unintentional bias is in part offset by independent / third and fourth authors.

**References**

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