

# A stocktake of existing aged care clinical placements for undergraduate nursing students in Australia

## AUTHORS

### Christine C Neville

RN RPN PhD FACMHN  
Senior Lecturer, The University of Queensland,  
School of Nursing and Midwifery, Ipswich Campus  
Queensland, Australia  
c.neville1@uq.edu.au

### Trudy Yuginovich

RN, RM, PhD, FRCNA  
Associate Dean, Faculty of Sciences Fraser Coast  
Campus, Department of Nursing and Midwifery,  
University of Southern Queensland, Hervey Bay,  
Queensland 4655, Australia

### Joanne Boyes

BSc (Hons)  
Project Officer, Centre for Rural and Remote  
Area Health, University of Southern Queensland,  
Toowoomba, Queensland 4350, Australia

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## KEY WORDS

Nursing education, aged care, clinical placements

## ABSTRACT

### Objective

The aim of this study was to survey selected universities on a variety of aspects of the aged care clinical placement component of undergraduate nursing courses.

### Design

A cross-sectional, descriptive design using a questionnaire was employed.

### Setting

Selected Australian universities offering undergraduate nursing courses.

### Subjects

Australian universities having a faculty, department or school of nursing (n=32).

### Results

It was found that placements occurred in the first and third years of academic study largely in an aged care facility close to the university site. There was often competition between universities in trying to access the same facilities for student placements. Not all universities performed a formal assessment of the facility's suitability for an aged care clinical placement and often universities struggled to find university educators suitably qualified in aged care.

### Conclusions

Recommendations include the use of sites other than aged care facilities that offer aged care specific services. Use of services away from the immediate locality may expand student experience, while better university co-ordination of placements may ensure fairer access to all students. The development and implementation of a clinical audit tool, together with incentives for experienced aged care nurses to participate in higher education may contribute to the development of quality aged care specific skills.

## INTRODUCTION

A common response to the mention of 'aged care nursing' around a group of nursing students is that it is depressing and inflexible (Purse and Luker 1995), exhausting (Beck 1996) and requires little educational or skill preparation (Wade 1999). Nursing students do not necessarily dislike the 'aged' they dislike the 'nursing' (Fagerberg et al 2000). Consequently 'aged care nursing' is rated as one of the least preferred career choices on graduation (Moyle 2003; Happell and Brooker 2001). A conceptual gap exists between what constitutes 'aged care nursing' and 'nursing older people'. The concept of 'aged care nursing' lies with negative perceptions of the residential aged care sector. The positive and innovative aspects of this sector are continuously overlooked and little recognition given that the majority of nurses work and will continue to work with older people. With the ageing of Australia's population, the opportunities to nurse in areas where there are no older people are going to be severely limited. Therefore it is important that undergraduate nursing students receive appropriate theoretical and clinical education in aged care.

University nursing programs have been criticised for perpetuating negative perceptions of aged care nursing by the way in which aged care has been presented within both the theoretical and clinical components of the curricula. It has been found that frequently curricula have lacked specific aged care theoretical content or that aged care has been integrated across the curriculum therefore diminishing its importance to students (Wade 1999; Mezey et al 1997). Moreover, the theory has generally been taught by academics with little interest and experience in working with older people and whose attitudes were likely to have a negative effect on students (Marsland and Hickey 2003; Australian Department of Health and Ageing 2002; Wade 1999). The criticism of clinical placements in aged care is just as strong which is of concern when it is known that a student's experience on any type of clinical placement has a significant impact on their future career choices (Abbey et al 2006a).

The focus so far on what is wrong with aged care clinical placements has been the timing, quality, how and where they occur (Abbey et al 2006a). If clinical placements only occur at the beginning of programs to teach 'basic nursing care' they have been found to devalue the knowledge and skill level of aged care nursing, be unfair to older people and discourage aged care as a future career choice (Mossop and Wilkinson 2006; de la Rue 2003; Ford and McCormack 2000). The quality of clinical placements is also diminished by the employment of poorly credentialed clinical teachers who are unable to inspire the students through lack of leadership and the inability to demonstrate an adequate knowledge base (Fagerberg et al 2000). Additionally, the lack of clear and realistic clinical learning objectives for the benefit of the students and the clinical teachers jeopardises the possibility of a positive experience from the beginning (Wade and Skinner 2001). Lumley et al (2000) reported that students found difficulty with the inflexible, routine care practices in residential aged care facilities which seemed to undermine standards of care. Abbey et al (2006a) closely examined the unsatisfactory or unsettling elements of residential aged care clinical placements from the perspective of students and clinical teachers. The elements were found to be unexamined assumptions about nursing's core skills; poor orientation programs; and less than desirable industry practices in addition to poorer status, income and career progression opportunities. These issues were sourced with the residential aged care sector, the students and the universities.

One logical way of improving aged care clinical placements was to undertake a stocktake of aged care within Australian university programs which has natural consequences for the students and ultimately the nursing care of older people in whatever clinical setting.

The aim of this research project was to carry out a review of the different means by which undergraduate nursing students undertake aged care clinical placements. A sound evidence base for future planning and research into aged care nursing

education has been provided from the following research questions:

How do universities define aged care clinical placements?

At what stage of the undergraduate program are aged care clinical placements undertaken?

Which health services are used for aged care clinical placements?

What issues are encountered when organising clinical placements?

What educational activities and experiences are offered by the health services?

What preparation arrangements are made for staff and clinical teachers to support and supervise students?

In what ways are students prepared for undertaking aged care clinical placements?

## METHOD

The development of the questionnaire used in the research was guided by the *James Cook University aged care core component in undergraduate nursing curricula principles initiative 1 request for proposal*. This initiative was developed in response to the *Aged care core component in undergraduate nursing curricula principles paper* (Queensland University of Technology 2004) that was commissioned by the Australian Government Department of Health and Ageing. The questionnaire contained a mixture of quantitative (including dichotomous response, multiple response and Likert type questions) and qualitative (open ended

questions) items (See appendix 1). After gaining ethical approval from the authors' host university, a pilot study was conducted to assess the suitability of the questionnaire. Twenty questionnaires were distributed to a range of Australian universities. Five completed questionnaires were returned (response rate 25 percent). One amendment was made to the questionnaire as a result of the responses to the pilot study. The questionnaire item that asked how many students are placed each semester was amended from 'categorical' (eg 1-3, 4-6, etc) to 'ratio' (eg 9, 22, etc) response.

All Australian heads of faculty, department or school of nursing and midwifery were invited to participate in the project. A cross sectional, descriptive design was employed. The sampling frame involved 34 potential respondents, with 32 usable responses received.

Respondents were given the option of a telephone interview or completing a paper questionnaire. Only three chose to be interviewed over the telephone.

## FINDINGS

### Definition of aged care clinical placement

Respondents from all universities hold similar understandings and expectations as to what is meant by the term 'aged care clinical placement'. Responses tended to encapsulate some notion of caring for people who are over the age of 65 years or a placement where the intended client is an older person. The physical context (ie hospital, residential aged care facility) was of lesser concern than access to people aged over 65 years with a range of complex health issues.

**Table 1: Type of health service used for aged care clinical placement according to the location of the university**

Type of health service facility used	Location of university		Total	Percentage of respondents
	Capital city	Regional centre		
Private residential aged care facility	19	11	30	17.3
Public residential aged care facility	15	12	27	15.5
Rehabilitation unit in acute hospital	17	9	26	14.9
Community nursing agency	12	8	20	11.5
Mental health facility	15	5	20	11.5
Acute medical unit in a hospital	13	5	18	10.3
Private home nursing service	10	5	15	8.6
Acute surgical unit in a hospital	12	2	14	8.1
Other	2	2	4	2.3

### Type of Health Service

The health services identified as most commonly used can be seen in table 1. The data suggest that the majority (up to 69%) of placements occurred in locations that were reasonably geographically convenient to the university the student was attending where possible. With many of the respondents being from urban universities, this limited exposure to aged care nursing placements in rural areas.

### Timing and Organising Clinical Placements

Placement occurred only in the first and third years of study, with 62% of respondents reporting that students had a placement in both years. Universities reported very little difficulty in placing students for aged care clinical placements. The majority of respondents (93.8%) were either 'always' or 'very often' able to facilitate this placement. However despite reporting very little difficulty in placing students, almost half the respondents (45.5%) experienced some degree of inter-university competitiveness for the placements. This problem was more likely to be experienced in cities rather than in regional centres. It was also interesting to note that in addition to inter-university competition for aged care clinical placements there were times

when intra-university competition occurred between different academic years of the same university.

Respondents (27%) reported that a common reason for health services being unwilling to provide aged care clinical placements was their existing commitment to provide placements to another university. Some universities commented on the sound industry partnerships they have with health services, perhaps to the detriment of student nurses from other universities. Another reason cited by universities was that health services give the impression that students placed a burden on resources within the service and that the process was seen as being too intrusive.

The methods used by universities to select health services for clinical placements are found in table 2. For the most part, informal assessment procedures are in place. Nearly one third of universities did not undertake site inspection of the health service prior to the student placement. Therefore self referral and canvassing for placements were important to the selection of venues for aged care clinical placement. One university was in the process of developing a clinical audit tool for assessment purposes.

**Table 2: Methods used to select health service for aged care clinical placement**

Assessment method	Number	Percentage of respondents
No site inspection by the university takes place	13	31.7
Assessment based on whether or not the facility is accredited	7	17.1
Assessment made as to the adequacy of staff and facilities	6	14.6
Assessment based on feedback from students or staff	5	12.2
Assessment based on a site inspection by the university	5	12.2
No evaluation takes place	4	9.8
Assessment based on whether or not the facility has a formal agreement with the university	1	2.4

Note: In cases where responses covered a variety of themes, answers have been included in more than one category

### Educational experiences

Students were exposed to a broad range of educational opportunities while they were on aged care clinical placement, with dementia and palliative care featuring prominently. This was followed by wound management, infection control, community care and quality management with mental health, challenging behaviour and sleep disturbance featuring to a lesser extent.

### Support for supervisory staff and students on placement

A variety of arrangements were in place for preparing staff to support students in relation to aged care theory and practice while the students were on placement. The methods used most by 68% of respondents were workshop or orientation sessions and briefing sessions. Also used were formal training sessions or lectures.

In a relatively small number of cases (10%) respondents considered that no preparation was necessary as supervisory staff were already adequately prepared for the supervision of students while on placement. This was supported by a comment that a particular university had been placing their students in certain health services for a long time and supervisory staff were familiar with course content, student needs and expectations and did not need preparatory education.

Support and supervision of students during aged care clinical placement was commonly provided by a registered nurse from the health service or a clinical facilitator employed by the university. However over

20 percent used enrolled nurses or an assistant in nursing. A few universities (8%) used their academic staff, suggesting universities play a supervisory role in a number of ways.

Qualifications and skill level of clinical educators is described in table 3. It is evident that a number of universities are forced to use clinical educators who either have experience in aged care but no tertiary qualifications or tertiary qualifications and no specific aged care nursing experience. While several respondents commented that the ideal would be for educators to have both experience and qualifications, this was not easily achieved.

**Table 3: Qualifications and skill level required for clinical educators**

Skill	Number	Percentage of respondents
Tertiary qualifications with experience in aged care	18	54.5
Experience in aged care with no tertiary qualifications	13	39.4
Tertiary qualifications but only general nursing experience	13	39.4
Minimum 2 years experience as a registered nurse	10	30.3
Other	8	24.2

Note: Respondents were able to select more than one category.

### Student preparation

In all cases, the common view was that the theory and practical aspects of the undergraduate nursing curriculum adequately prepare students for aged care clinical placement. Examining the extent of this preparation was not covered in this study, however one university reported the completion of a unit on ageing and 93% of universities reported the main preparatory methods being lectures and tutorials that cover aged care theory and practice.

### Limitations

The questionnaire was designed to elicit information from either the head of school or a person nominated by them by way of a telephone interview with the researcher. The majority of questionnaires were completed by a person nominated by the head of school and it was assumed this was the person who had the most accurate knowledge of issues around aged care placements at their university. Future studies could obtain more detail on the person completing the questionnaire to ensure they are

the most appropriate person. Furthermore, most respondents stated a preference to completing the questionnaire in their own time rather than through a telephone interview. This may have reduced the richness of detail that would have been gained had interviews taken place.

### DISCUSSION

Academic staff appeared to have an appreciation that nursing older people occurs across the depth and width of nursing. It was encouraging to find that aged care clinical placement occurs for most students in the final year of their nursing program and not only in the early stages for the teaching of 'basic nursing care'. The 'basic nursing care' issue has caused much concern over the years for passionate aged care academics and clinicians (Mossop and Wilkinson 2006; de la Rue 2003; Ford and McCormack 2000). However it is disappointing that universities are not more creative in accessing services that provide support for both healthy and

unhealthy older persons. Such an approach would open up valuable learning experiences if universities were to use other clinical areas such as health promotion, diabetes and continence clinics within community health care settings (Nay 2002).

The competitiveness between universities and other clinically focused health professions for clinical placement is not specific to aged care. This study has demonstrated that it is relatively easy to find aged care clinical placements however community placements and rural placements are under utilised. Despite the need for access to clinical placements, fundamental to student learning is a positive clinical experience provided by supportive role models (Nay 2004). If student nurses are seen and treated as a burden, this could have a negative impact on the aged care clinical experience which includes the older person as well as the student nurse. Chilvers and Jones (1997) suggest that universities need to collaborate more closely with staff in residential aged care facilities to enhance the learning environment.

The findings of this study support assertions by Nay (2004) that few universities use formal processes for assessing the suitability of venues for aged care clinical placement. Most universities relied on government accreditation standards. While these standards ensure certain criteria for management practices, health and lifestyle of residents and a safe physical environment (Australian Government Department of Health and Ageing 2006), they do not provide a valid criteria for selection as a suitable facility to receive students for an aged care clinical placement.

Given the problems associated with providing a negative experience for the student nurses and the possible resulting lack of interest in a career in aged care, it is of concern that health services are not being assessed adequately.

When the question was asked about what learning opportunities are available during the aged care clinical placements, it was surprising 'basic nursing care' did not appear despite it being reported as the common purpose of aged care clinical placement

(Mossop and Wilkinson 2006; de la Rue 2003; Ford and McCormack 2000). What did appear were highly complex disorders, for example, dementia and many of the chronic diseases requiring palliative care that are among the leading causes of disease burden in Australia (Mathers and Vos 2000) and complex processes such as infection control and quality management.

The provision of adequately prepared staff for the supervision of students while they are on clinical placement is an area that requires significantly more attention. The literature shows that the clinical educator role is fundamental for the creation of a quality clinical placement (Abbey et al 2006b). The Australian Government Department of Education Science and Training (2001) recommended that students are given aged care specific learning, support and appropriate supervision so they can extend their learning to a deeper level than simply 'caring for old people' and better preparing them for providing high level care. Universities are aware of the ideal but struggle to employ more suitably qualified and experienced clinical educators. This may be a reflection of a shortage of suitably qualified aged care nursing specialists overall (Nay 2002). If suitably qualified aged care nursing specialists are not available to teach aged care nursing specific subjects prior to an aged care clinical placement and be available for facilitation and support during the clinical placement, then the innovative and challenging aspects of aged care and the specialised skills required will not be appreciated by the students and thus limit the value of nursing older people.

## CONCLUSION

The following recommendations are made on the basis of the findings of this study which examined the different means by which undergraduate nursing undertake aged care clinical placement in Australia. Aged care clinical placements need to be spread more evenly across health services and universities need to expand their definition to include other sites that offer aged care specific services. There could be greater use of community services and greater

use of services away from the immediate locality of the university. Using services in more rural and remote locations would require a commitment to underwrite the financial costs for student travel and accommodation. Not only would this expand the student experience, but may also help to ease skill shortages in rural areas.

A more coordinated approach to placements should be negotiated between competing universities to ensure all students have equal access to an aged care placement. The development of formal agreements between universities and health services should ease this pressure. Further, universities need to improve internal coordination of aged care clinical placements in order to eliminate conflict between first and third year placements thus maximising the educational potential. There is a need for the development of a clinical audit tool to be used across universities to assess health service suitability for an aged care clinical placement. This will ensure that students undergo similar standards of aged care clinical experience.

More support is needed from the universities so that health services are better able to support their staff in taking on students for aged care clinical placement. One way this can be achieved is for incentives to be offered to specialist aged care nurses to participate in further education, enabling them to be effective educators both in the workplace and academia. This will ensure there is a suitably qualified pool of aged care specialist nurses who can focus on the student's acquisition of high level aged care specific skills as well as on acquiring basic nursing skills. Appropriate university curricula should include specific aged care content to better prepare students for the complexity of caring for older people.

There also needs to be more promotion of aged care nursing as an appropriate career choice. If aged care clinical placements are provided in an appropriate, supported manner with supervisors who have a passion for the area, aged care may become an area of career choice for graduating nurses.

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## APPENDIX 1

### Questionnaire

#### Stocktake of existing aged care clinical placements for undergraduate nursing students in Australia

1. How do you define aged care clinical placements within your undergraduate nursing course?
2. Please identify which of the following health services you use to provide aged care clinical placements (please tick all that apply)
  - a) Public residential aged care facilities
  - b) Private residential aged care facilities
  - c) Rehabilitation units in acute hospitals
  - d) Private home nursing services
  - e) Community nursing agencies
  - f) Acute medical unit in a hospital
  - g) Acute surgical unit in a hospital
  - h) Mental health facilities
  - i) Other (please specify)
3. Where are these services located? (please tick all that apply)
  - a) In your local health service district
  - b) In your local town
  - c) In the nearest city
  - d) Throughout the state
  - e) Interstate
4. Are you able to place all your students for aged care clinical placements?
  - a) Always
  - b) Very often
  - c) Sometimes
  - d) Rarely
  - e) Never
5. How many student placements are normally provided by each aged care clinical placement in any semester for your students? Please specify
6. Are there times when you are unable to place your students in aged care clinical placements due to a clash with another University?
  - a) Yes
  - b) No

**Appendix 1, continued....**

7. Do health services ever refuse to accept your students for clinical placements?
  - a) Yes
  - b) No
8. If yes, what reasons are normally given for such refusals?
9. Do you normally have to pay costs for aged care clinical placements?
  - Yes
  - No
10. If yes, in what way do health services charge these costs to the School? (please tick all that apply)
  - a) Pro-rata basis
  - b) Hourly rate
  - c) Invoice university for secondment of staff from the facility
  - d) Pre-arranged financial agreement
  - e) Other (please specify)
11. What is the total cost of aged care clinical placements in any given semester?
12. Do you have selection processes that your university uses in choosing health services to provide aged care clinical placements to your students?
  - a) Yes
  - b) No
13. If yes, please describe these selection processes?
14. Please identify which educational activities and experiences are offered by those health services (please tick all that apply).
  - a) Community care
  - b) Palliative care
  - c) Wound management
  - d) Infection control
  - e) Quality management
  - f) Dementia care
  - g) Other (please specify)
15. Do you have arrangements for preparing staff to support students with respect to aged care theory and practice during their aged care clinical placements?
  - a) Yes
  - b) No
16. If yes, please describe these arrangements.
17. Please identify the skill mix of staff involved in supporting and supervising students during aged care clinical placements from the list below (tick all that apply):
  - a) Clinical facilitator employed by the university
  - b) Preceptor employed by the university
  - c) Registered nurse employed by the aged care facility
  - d) Enrolled nurse employed by the aged care facility
  - e) Assistant in nursing employed by the facility
  - f) Other (please specify)
18. Do you have arrangements in place for supervision of students undertaking aged care clinical placements?
  - a) Yes
  - b) No
19. If yes, please describe these arrangements.

**Appendix 1, continued...**

20. What skills and preparation are required for facilitators?
  - a) Tertiary qualifications with experience in aged care
  - b) Experience in aged care with no tertiary qualifications
  - c) Tertiary qualifications but only general nursing experience
  - d) Minimum 2 years experience as a registered nurse
  - e) Other (please specify)
21. In which year of their education do students undertake their aged care clinical placements?
  - a) Year 1
  - b) Year 2
  - c) Year 3
  - d) In more than year
  - e) Other (please specify)
22. Are clinical opportunities tailored to meet the educational level of students?
  - a) Yes
  - b) No
23. If yes, please explain how they are tailored to meet their educational level.
24. Do students receive preparation before they undertake their aged care clinical placements?
  - a) Yes
  - b) No
25. If yes, what preparation do students receive?
26. Is there anything further you would like to add about aged care clinical placements in general?