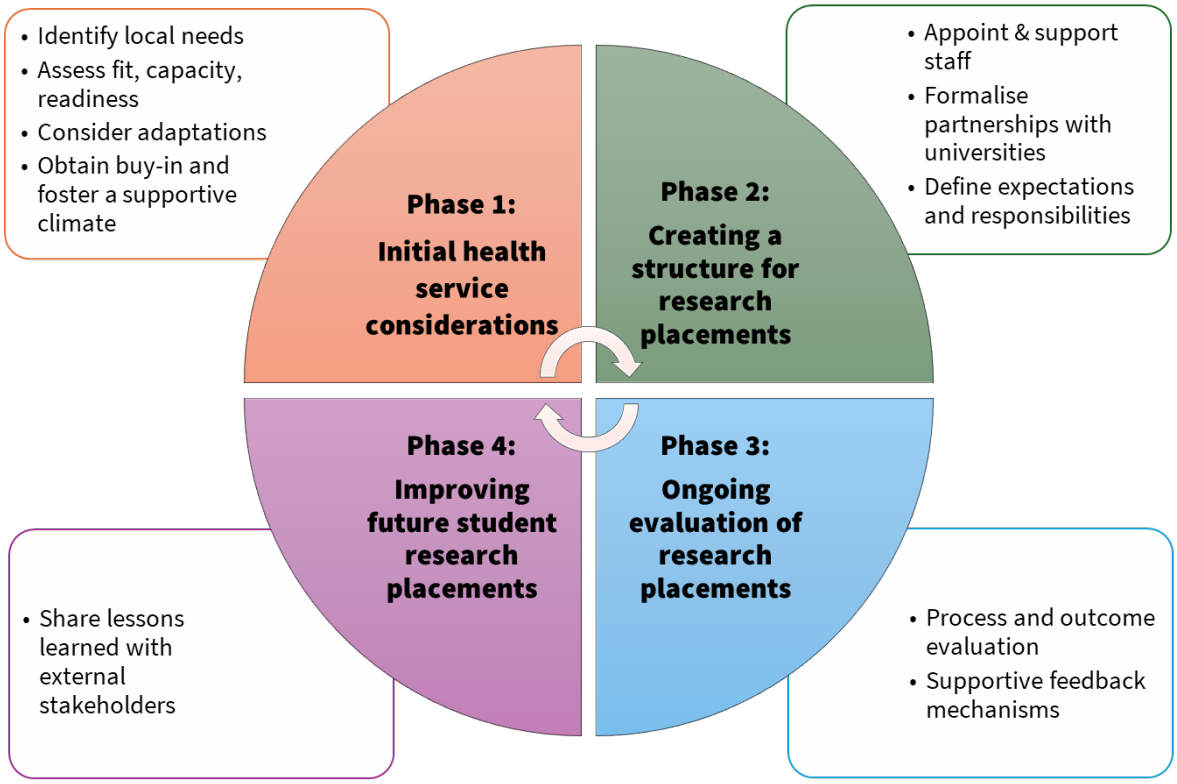
Supplementary text 3: Implementation support tool for rural health services to integrate student research placements

Adapted from the Quality Implementation Framework[1] in conjunction with the Getting To Outcomes framework.[2]

This tool outlines key steps in implementing and integrating student research placements in rural health services. It offers a series of questions at each step to facilitate planning, implementing and evaluating local efforts. However, these prompts should not be considered exhaustive as local contexts are likely to differ.

Steps considered critical to the implementation process have been designated by double asterisks (**). If these cannot be met or achieved, hosting student researchers may be unsuitable at this time.

Overview of the implementation support tool for rural health services looking at becoming host organisations



Phase	Step	Questions
1. Initial health service considerations	**1. Identify local needs** This first step lays the groundwork for the expected benefits in the health service through hosting student researchers, and how this will be evaluated (steps 9-11).	• ** Identify motivations for the health service/team to host student researchers, i.e. what objectives are to be achieved through hosting student researchers? *E.g., enhancing relationships with universities, gaining additional health service research capacity, staff recruitment and retention, providing students with rural health experience, fostering a health service culture of evidence-based practice, etc.*
	2. Assess fit between hosting student researchers and organisational values and priorities A mismatch at this level may mean that student research placements are currently incompatible with health service activities.	• ** Is there executive/managerial support for local research activities? • ** Are there current health-service led research projects, or identified research questions relevant to the organisation? • Is there a strong local culture of evidence-based practice and/or quality improvement?
	3. Assess capacity/readiness In areas where capacity is lacking, suggestions have	• ** Are there health service staff with research experience and expertise, and who have sufficient availability to support students? • ** Does the health service have established university partnerships (e.g., through clinical placements)? Can these be leveraged to support student research placements?

	been made for potential improvements. However, if significant shortfalls are identified, hosting student researchers may not be feasible at this time.	• Is there existing infrastructure for hosting students? E.g., student agreements that can be repurposed or extended, student accommodation through the health service or community members? • Is there sufficient staff flexibility to accommodate student supervision? If not, can this be negotiated? • Is there training available for health service staff to strengthen their research skills? If not, can resources be accessed through partner organisations? • Are there IT requirements to enable students to access research resources and/or data (onsite and/or virtual)? • Is there physical office space for students? If not, see step 4. • Are there financial resources (e.g., funding pathways) to provide remuneration for student researcher supervision? • Is there an identified ethics pathway for health service led research projects? If not, can a pathway be established through partner organisations (e.g., other regional health services or universities)?
	4. Consider adaptations to the student placement model Consider what level of flexibility the health service has surrounding the placements, ensuring that adaptations align with the objectives of hosting student researchers as explored in step 1.	• ** Can student research placements be delivered using a flexible model (e.g. hybrid or completely virtual)?

	5. Prepare to move forward: obtain explicit buy-in from key health service stakeholders and foster a supportive organisational climate This step ensures that the perceived need and benefits are communicated within the team and broader organisation, and that concerns or resistance are addressed.	• ** Have research placements been explicitly discussed and endorsed by relevant management? • ** If research roles and/or a research team are in place in the health service, do position descriptions include periodic student supervision? If not, have staff explicitly agreed to supervisory duties/tasks? • Have relevant stakeholders had the opportunity to voice questions or concerns about the student research placements?
2. Creating a structure for student research placements This phase entails establishing a roadmap which answers the who, what, when, where, and why, explicitly outlining activities, staffing,	**6. Appoint and support health service staff to oversee student research placements**	• ** Who in the health service is capable and interested in supervising student researchers? What is their area of expertise? What FTE will they be dedicating to student supervision? • ** Are there clear communication pathways in case of challenges with the placements? • What support will supervisory staff have access to? E.g., research support tools, access to experts, mentoring resources. If no support is available internally, can it be sourced through partner organisations or other networks?
	7. Formalise partnerships with universities	• ** Are health service and university roles clearly delineated regarding student supervision and placement oversight? • ** Is there a designated contact person at the university for supervisory staff to liaise with?

locations, timelines, and required resources.	**8. Define expectations and responsibilities**	• ** Is there a clear plan between the health service and university which minimally outlines: placement goals, specific tasks to complete (health service tasks, university team tasks, student tasks), key dates and timelines? • ** Is there a clear plan in place to address common challenges such as: staff or student illness, staff scheduling conflicts, poor student progress or students experiencing personal difficulties?
3. Ongoing evaluation of student research placements This phase ensures strengths and weaknesses of the implementation process are identified to improve future placements, and that placement benefits are identified to secure ongoing staff and organisational support.	**9. Process and outcome evaluation**	• What data can be collected from students, health service staff, and university teams to assess strengths and weaknesses of the processes around the research placements on an ongoing basis? • What data can be collected to assess if progress is being made towards meeting the health service needs and objectives outlined in step 1?
	10. Supportive feedback mechanisms	• How will the data collected in step 9 be communicated, discussed, and acted upon internally? • How will this data be shared with external stakeholders (i.e., students, university teams)?
4. Improving future research placements The last phase supports dissemination of lessons learned so other organisations can benefit	**11. Learning from experience**	• What lessons have been learned about implementing student research placements that can be shared with others rural health services and universities?

from the experience gained.		