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From Classroom to Community Practice: Field Placement Experiences of Second-Year Community Health Students in Sierra Leone: *Implications for Workforce Development and Primary Healthcare Delivery*

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Abstract: **Field internship is a critical component of Community Health education, yet limited evidence describes how students experience the transition from classroom learning to field practice in Sierra Leone. This qualitative case study explored the internship experiences of second-year Community Health students and the educational and organizational factors shaping their professional development and preparation for Community Health Officer (CHO) practice. Participants included six students who had completed field internships, one field supervisor, and one nurse manager. Data were collected through semi-structured interviews and analyzed using reflexive thematic analysis. Five themes emerged: (1) transitioning from classroom learning to field practice; (2) supervision and support as facilitators of learning; (3) resource and organizational constraints on learning; (4) developing competence, confidence, and professional identity; and (5) strengthening internship for CHO workforce and primary healthcare (PHC) development. Students entered field practice with relevant theoretical preparation but experienced uncertainty in applying knowledge to real-world situations. Supervision, feedback, hands-on participation, and repeated patient exposure facilitated learning, whereas workload, staffing pressures, resource limitations, and inconsistent supervisory availability constrained learning opportunities. Field experience progressively strengthened students' perceived competence, confidence, professional identity, and practice readiness. Findings indicate that structured orientation, clearly defined competencies and roles, consistent supervision, meaningful practical participation, and stronger coordination between training institutions and placement facilities may improve internship quality. Strengthening field education may consequently enhance CHO workforce preparation and support PHC delivery in Sierra Leone.**

Keywords: **Community Health Officers, field internship, field learning, primary healthcare, professional development, Sierra Leone.**

I. INTRODUCTION

Field internships are a critical component of health professions education, bridging classroom learning and real-world practice. For Community Health students, placements provide opportunities to apply public health knowledge, develop practical skills, engage with patients and healthcare teams, and strengthen professional confidence and identity. The educational value of these experiences, however, depends substantially on supervision, clearly defined learning expectations, opportunities for meaningful participation, and the quality of the field learning environment (Zhang et al., 2022; Wu et al., 2024).

These conditions are particularly important in Sierra Leone, where persistent workforce and infrastructure constraints can affect both healthcare delivery and student learning. Limited equipment, staffing pressures, inconsistent supervision, and unclear roles may restrict students' opportunities for guided practice and contribute to a gap between classroom preparation and field realities (Ishizumi et al., 2021; Pieterse et al., 2023; World Health Organization [WHO], 2023). Second-year Community Health students may be especially affected because their internships represent an important transition from foundational coursework to applying knowledge and skills in less predictable community and primary healthcare settings.

At the same time, national efforts provide opportunities to strengthen field education. Sierra Leone's National Community Health Worker Policy and related initiatives have emphasized standardized training, stronger supervision, performance management, and improved systems for supporting the community health workforce (Ministry of Health and Sanitation [MoHS], 2021; Last Mile Health, 2024). These developments provide a relevant foundation for considering how field placements can be better aligned with workforce priorities and primary healthcare needs.

Despite the importance of this transition, limited context-specific evidence describes how second-year Community Health students experience field internships in Sierra Leone or how educational and organizational conditions shape their learning and professional development. Understanding these experiences is important for identifying factors that facilitate or constrain the development of competence, confidence, and professional identity. Accordingly, this study examines the field placement experiences of second-year Community Health students in Sierra Leone and considers their implications for Community Health Officer workforce development and primary healthcare delivery.

Problem Statement

Field internships are fundamental to preparing competent Community Health professionals; however, the quality of internship experiences for second-year Community Health students in Sierra Leone remains inconsistent. Students frequently encounter inadequate supervision, unclear role expectations, limited learning resources, and variable field learning environments, particularly in peripheral health facilities. These challenges, compounded by broader health system constraints, may hinder competence development, professional identity formation, and readiness for independent practice. Although internships are intended to bridge classroom learning and field practice, limited qualitative evidence exists on how second-year Community Health students experience this transition or how educational and organizational factors influence their learning and professional development. Consequently, educators and policymakers lack context-specific evidence to strengthen internship programs and align field training with national workforce priorities. This study addresses this gap by exploring the internship experiences of second-year Community Health students in Sierra Leone and examining the implications of those experiences for community health workforce development and primary healthcare delivery.

Purpose

The purpose of this qualitative case study is to explore the internship experiences of second-year Community Health Officer students in Sierra Leone and to understand how educational and organizational factors shape their learning, professional development, and preparedness for community health practice.

Significance of the Study

This study provides context-specific evidence on how educational and organizational conditions shape the field internship experiences of second-year Community Health students in Sierra Leone. By identifying factors that facilitate or constrain learning, the findings can inform improvements in supervision, role clarity, practical learning opportunities, and coordination between training institutions and placement facilities. Such improvements may strengthen students' competence, confidence, professional identity, and readiness for Community Health Officer practice.

The study also contributes to workforce and primary healthcare development by linking internship quality with preparation for frontline community health practice. Beyond Sierra Leone, the findings may inform field education in similarly resource-constrained settings and contribute to the broader literature on strengthening health professions education and workforce readiness in low- and middle-income countries.

Research Questions

RQ 1: How do second-year Community Health students describe their transition from classroom learning to field practice during their internship experiences in Sierra Leone?

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RQ 2: What educational and organizational factors do students perceive as facilitating or hindering their learning and professional development during field internships?

RQ 3: How do students perceive that their internship experiences influence their competence, confidence, and professional identity as future Community Health Officers?

RQ 4: What implications do students perceive their internship experiences have for community health workforce development and primary healthcare delivery?

Gap in Literature

Despite growing scholarship on field education in resource-constrained settings, limited evidence addresses the experiences of second-year Community Health students transitioning from classroom learning to field practice in Sierra Leone. Existing studies have largely focused on nursing, midwifery, other health professions, or students at different stages of training, leaving this early practice transition comparatively underexplored (Mann et al., 2023, 2024).

Important gaps also remain in understanding how educational and health-system conditions interact to shape internship learning. Although supervision and mentorship are recognized as important, less attention has been given to how feedback, role clarity, opportunities for participation, resource availability, staffing constraints, and organizational conditions collectively influence students' learning and professional development (Pieterse et al., 2023; Leong et al., 2025; Abdelmannan et al., 2025; Mugwari et al., 2025). Consequently, context-specific evidence remains limited for designing field internships that support Community Health Officer preparation while aligning with Sierra Leone's community health and primary healthcare priorities (MoHS, 2021; WHO, 2022; Oliphant et al., 2022).

II. CONCEPTUAL FRAMEWORK

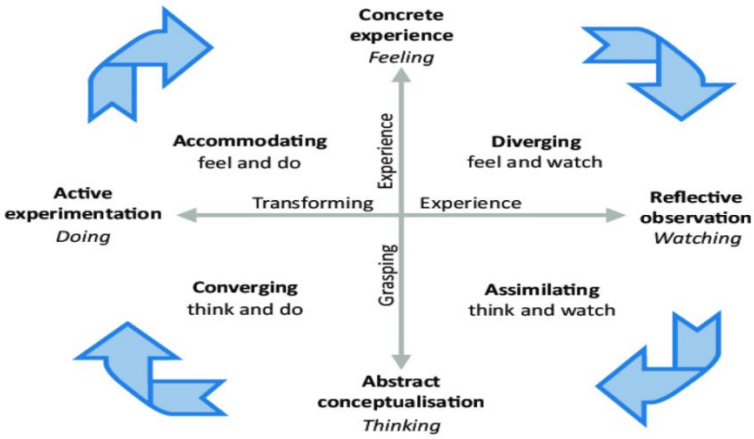
This study is grounded in two theoretical frameworks that explain how community health students learn during field internships.

Kolb's Experiential Learning Theory (ELT)

Kolb's Experiential Learning Theory (ELT), grounded in the work of Dewey (1938), Lewin (1946), and Piaget (1970), conceptualizes learning as a process through which knowledge is created by transforming experience (Kolb, 1984). ELT is particularly relevant to health professions education because field experiences enable students to connect theoretical knowledge with practice, reflect on their experiences, and progressively develop professional competence and judgment (Yardley et al., 2024; AlKhawaldeh et al., 2025).

Kolb's experiential learning cycle consists of four interconnected stages: Concrete Experience, Reflective Observation, Abstract Conceptualization, and Active Experimentation (Figure 1). Learners engage in authentic experiences, reflect on those experiences, integrate them with existing knowledge, and apply their resulting understanding to subsequent situations. The iterative nature of this process allows experience and reflection to progressively strengthen learning and professional development (Kolb, 1984).

Figure 1. Kolb's Experiential Learning Cycle



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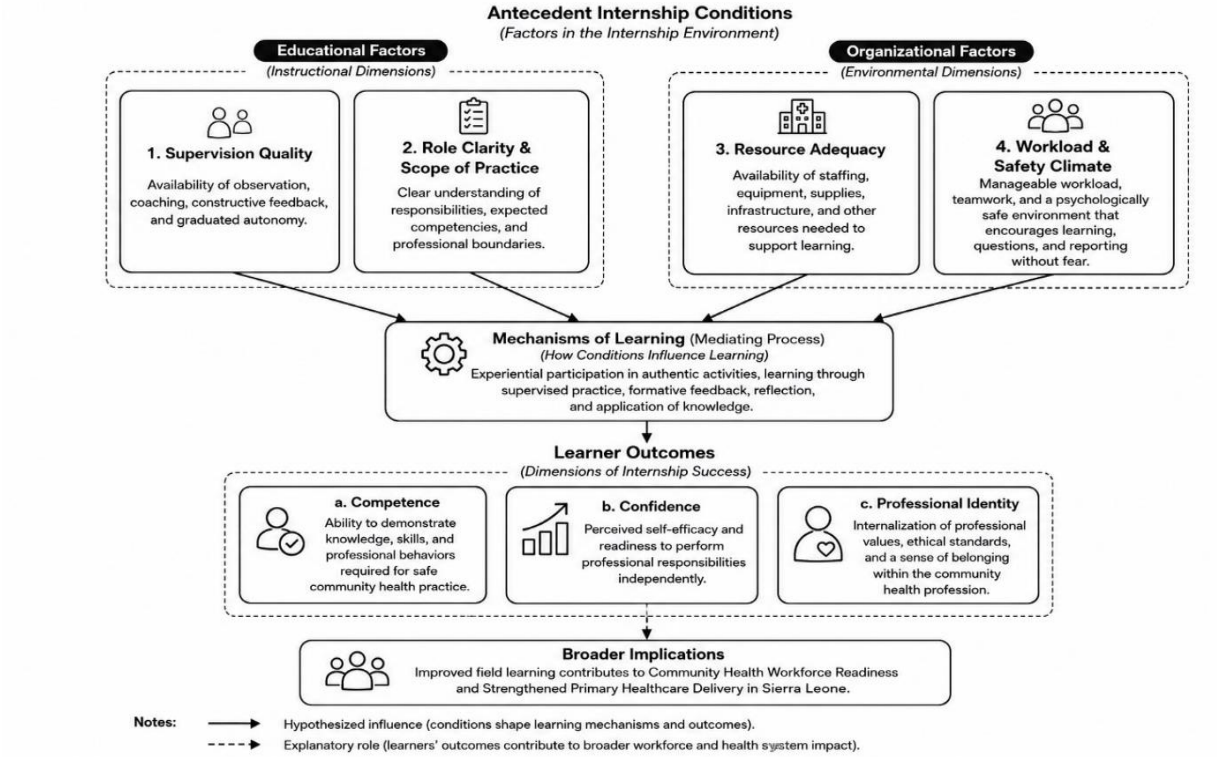
For second-year Community Health students in Sierra Leone, ELT provides a useful lens for examining the transition from classroom learning to field practice. Internship experiences allow students to apply prior knowledge, reflect on practice and feedback, and adapt their approaches during subsequent field encounters. Accordingly, ELT provides the educational foundation for examining how field experiences contribute to competence, confidence, professional judgment, and professional development.

Internship Experience Quality and Learner Outcomes

While Kolb's Experiential Learning Theory explains how students learn through experience, the conceptual framework in Figure 2 identifies the internship conditions that facilitate or constrain that learning. The framework proposes that educational and organizational conditions shape learner outcomes through mechanisms of learning that connect the internship environment with students' professional development.

Figure 2. Conceptual Framework of Field Internship Experiences and Student Outcomes



Note. Solid arrows represent hypothesized influence; the dashed arrow represents the broader explanatory relationship.

Two categories of contextual factors are identified. Educational factors include supervision quality and role clarity and scope of practice. Effective supervision involves observation, coaching, feedback, and appropriate progression of responsibility, while role clarity establishes students' responsibilities, expectations, and professional boundaries. Organizational factors include resource adequacy and workload and safety climate. Adequate staffing, equipment, supplies, and infrastructure support meaningful field participation, while manageable workloads and psychologically safe environments enable students to ask questions, seek assistance, and learn from mistakes (Bump & Cladis, 2024).

At the center of the framework are mechanisms of learning, including experiential participation, supervised practice, formative feedback, and reflection. Consistent with Kolb's (1984) ELT, these mechanisms explain how internship conditions are translated into learning and professional development. Supportive environments strengthen opportunities for meaningful participation and reflection, whereas inadequate supervision, resources, or role clarity may constrain these processes.

The framework therefore proposes that educational and organizational conditions influence the development of competence, confidence, and professional identity through the quality of students' learning experiences. Figure 2 provides an organizing

framework for examining how modifiable internship conditions shape the transition from classroom learning to field practice and contribute to Community Health workforce readiness in Sierra Leone.

Conceptual Framework Integration with the Study Design

The conceptual framework serves as an interpretive lens for examining how educational and organizational conditions shape the internship experiences of second-year Community Health students in Sierra Leone. Rather than testing predetermined relationships, the framework guides exploration of how supervision, role clarity, resource adequacy, workload and safety climate, and mechanisms of learning contribute to competence, confidence, and professional identity.

The framework also provides coherence across the study design by informing data collection, thematic analysis, and interpretation of findings. It supports examination of the classroom-to-field transition, factors that facilitate or constrain learning, student professional development, and the broader implications of internship experiences for Community Health workforce readiness and primary healthcare delivery.

Guided by this framework, the literature review examines evidence on field-based learning and the educational and organizational conditions that shape Community Health students' internship experiences, with particular attention to resource-constrained settings.

III. LITERATURE REVIEW

Literature Search and Review Approach

The literature review was informed by a structured search of PubMed, CINAHL, Scopus, Web of Science, and Google Scholar, supplemented by grey literature from the World Health Organization (WHO), Sierra Leone Ministry of Health and Sanitation, and relevant development partners. Search terms addressed community health students, field internships and placements, supervision, role clarity, resource adequacy, workload and safety climate, learning outcomes, and resource-constrained settings. Literature published between 2000 and 2025 was considered when relevant to health professions field education, particularly in low- and middle-income countries. Reference lists were also reviewed to identify additional relevant sources.

The review synthesizes evidence across three interrelated areas: field learning and the classroom-to-practice transition; supervision and the field learning environment; and Community Health education, workforce development, and the Sierra Leone context. Together, these areas establish the empirical foundation for examining the experiences of second-year Community Health students and the conditions that shape field learning.

Field Internship Experiences and the Transition to Field Practice

Field internships enable health professions students to integrate classroom knowledge with authentic practice while developing competence, communication, decision-making, and professional identity. Learning occurs through participation in patient care, observation, interaction with healthcare teams, feedback, and progressively greater responsibility. Consequently, supportive supervision, meaningful participation, positive staff–student relationships, and inclusion within the healthcare team are important determinants of placement quality (Cant et al., 2021, 2024).

The transition to field practice can nevertheless create uncertainty as students learn to translate theoretical knowledge into real-world decisions and navigate unfamiliar roles and expectations. Studies of students entering clinical placements have identified role ambiguity, workload concerns, uncertainty about participation, and difficulty establishing relationships within healthcare teams (Atherley et al., 2016; Stephens et al., 2022). During initial practice exposure, these challenges may also contribute to self-doubt and discomfort, whereas structured orientation, mentorship, feedback, and opportunities for reflection can strengthen confidence and participation (Qasrawi et al., 2026).

The quality of the learning environment becomes particularly important in resource-constrained settings. Evidence from Uganda showed that hands-on practice, diverse case exposure, supportive supervision, peer interaction, and timely feedback facilitated learning, whereas limited opportunities for practice, negative staff attitudes, and inadequate space constrained students' experiences (Mucunguzi et al., 2025). These findings reinforce that experiential learning depends not only on placement exposure but also on whether the environment enables students to participate meaningfully and receive appropriate support.

This issue is especially relevant to Sierra Leone, where Community Health professionals contribute to primary healthcare within a system affected by persistent workforce constraints (Robinson, 2019). Although international literature provides substantial evidence on workplace learning, much of it focuses on nursing, medicine, and other health professions rather than Community Health students in Sierra Leone (Cant et al., 2021; Mucunguzi et al., 2025). Understanding how students navigate the classroom-to-field transition is therefore important for strengthening field education and preparing Community Health Officers for frontline practice.

Experiential Learning, Field supervision, and Workplace Learning

Field learning is an active process through which students develop competence by integrating experience, reflection, participation, and guided practice. Consistent with Kolb's (1984) Experiential Learning Theory, authentic field experiences allow students to apply theoretical knowledge, reflect on practice, and refine subsequent actions. Workplace learning further emphasizes participation within professional communities, where students gradually assume greater responsibility through interaction with experienced practitioners (Lave & Wenger, 1991). Meaningful inclusion in healthcare teams can therefore strengthen learning, confidence, and professional identity, whereas exclusion or limited participation may constrain development.

Supervision is central to transforming field experiences into purposeful learning. Effective supervisors provide observation, coaching, questioning, reflection, and progressively greater responsibility while maintaining appropriate standards of care. Gottschalk and Hopwood (2023) found that supervisors facilitate learning by connecting theoretical and practical knowledge, using professional experiences to contextualize learning, and encouraging deeper thinking. Thus, effective supervision extends beyond monitoring performance to actively supporting students' interpretation and application of field experiences.

Mentorship and formative feedback further strengthen workplace learning by helping students identify strengths, address deficiencies, reflect on experiences, and progressively improve performance. Their effectiveness depends on supportive supervisory relationships, trust, continuity, learner engagement, and opportunities for follow-up. Inconsistent supervision and competing workplace demands can fragment feedback and reduce its educational value.

Collectively, experiential learning, workplace participation, supervision, and feedback function as interconnected mechanisms through which field experiences contribute to professional development. However, less is known about how these processes operate together in resource-constrained Community Health placements in Sierra Leone. Examining their interaction is therefore important for understanding how internship conditions support or hinder second-year students' transition to field practice.

Field Learning Environment, Organizational Context, and Student Development

The field learning environment encompasses the educational, interpersonal, and organizational conditions that shape students' opportunities to learn. Effective placements are characterized by supportive supervision, clear expectations, meaningful participation, constructive relationships, and opportunities to connect theory with practice (Cant et al., 2021; Mathisen et al., 2023). Thus, placement quality depends not simply on exposure to practice but on whether the environment enables students to participate, receive guidance, and progressively develop professional competence.

Role Clarity and Participation

Clear roles and expectations help students understand their responsibilities, scope of practice, and position within healthcare teams. Role ambiguity can create anxiety and discourage participation, whereas orientation, clear learning objectives, appropriate autonomy, and inclusion within the healthcare team promote engagement and confidence (Vizcaya-Moreno et al., 2018; McClintock et al., 2022). Role clarity therefore serves both organizational and educational functions by enabling students to assume appropriate responsibilities as their competence develops.

Resources and Opportunities for Learning

Resource availability can substantially influence field learning, particularly in resource-constrained settings. Inadequate equipment, limited space, insufficient staffing, and competing service demands may restrict opportunities for supervised practice and meaningful participation (Mothibi et al., 2023). Evidence from Uganda similarly demonstrates that hands-on practice, diverse patient exposure, supportive supervision, and timely feedback facilitate learning, while resource limitations

and negative staff interactions can constrain it (Mucunguzi et al., 2025). Supportive supervision and purposeful organization of learning may nevertheless mitigate some effects of limited resources.

Workload and Psychological Safety

Staffing and workload also affect supervisors' capacity to balance service delivery with student education. Heavy workloads and understaffing can reduce opportunities for observation, coaching, and feedback (Mathisen et al., 2023). Psychological safety further influences whether students feel able to ask questions, acknowledge uncertainty, seek assistance, and learn from mistakes. Clear expectations, inclusive relationships, supportive leadership, and constructive feedback promote psychological safety, whereas exclusion and dismissive interactions can inhibit participation and learning (McClintock et al., 2022; Goss et al., 2026).

Organizational and Health-System Context

Field learning also occurs within broader organizational and health-system conditions. Donabedian's (1988) Structure–Process–Outcome model highlights how structural factors such as staffing, facilities, and resources influence processes and outcomes, while the WHO health-system framework emphasizes the interdependence of workforce, service delivery, information systems, resources, financing, and governance (WHO, 2007, 2010). These perspectives are particularly relevant in Sierra Leone, where workforce and resource constraints may affect both healthcare delivery and students' opportunities for practical learning (Robinson, 2019).

Collectively, the literature suggests that field learning reflects the interaction of role clarity, participation, supervision, psychological safety, organizational resources, and health-system conditions. Examining these factors together provides a contextually appropriate basis for understanding how field placements shape the professional development of Community Health students in Sierra Leone.

Community-Based Field Education, Workforce Development

Community-based field education prepares health professionals for practice within primary healthcare and underserved settings by exposing students to health promotion, disease prevention, surveillance, maternal and child health, and community engagement. Such placements can strengthen practical competence, understanding of population health, and readiness for community-oriented practice. In low- and middle-income countries, these experiences are particularly important for developing a workforce capable of responding to local health needs and improving access to primary healthcare.

This relevance is pronounced in Sierra Leone, where Community Health Officers and Community Health Workers contribute substantially to frontline primary healthcare, particularly in rural and underserved areas. Community-based training can strengthen workforce preparedness by providing opportunities for supervised practice within the environments in which graduates are expected to work. Its effectiveness, however, depends on appropriate supervision, coordination between training institutions and placement facilities, clear expectations, and sufficient organizational support.

Despite growing attention to workplace learning, evidence remains limited regarding the field experiences of Community Health students in Sierra Leone, particularly during the early transition from classroom instruction to practice. Existing research has largely focused on nursing, midwifery, and other health professions or has examined individual aspects of placement quality rather than the interaction of educational and organizational conditions. Consequently, less is known about how these conditions collectively shape second-year Community Health students' competence, confidence, professional identity, and preparation for frontline practice.

Addressing this gap is important because internship quality has implications beyond individual student learning for Community Health workforce readiness and primary healthcare delivery. The present study therefore examines how second-year Community Health students experience field placements, the conditions that facilitate or constrain their learning and professional development, and the broader implications of these experiences for Sierra Leone's Community Health workforce and primary healthcare system.

IV. METHODOLOGY

Research Design and Setting

A qualitative case study design was used to explore the field internship experiences of second-year Community Health students within their real-world educational and healthcare context in Sierra Leone (Yin, 2018). The case focused on supervised internships in community health facilities providing primary healthcare (PHC) services and examined students' transition from classroom learning to field practice and the conditions shaping that experience.

Participants and Sampling

Purposive sampling was used to recruit eight participants with direct experience of the internship program: six second-year Community Health students who had completed their field placements, one field supervisor, and one nurse manager. Including student, supervisory, and managerial perspectives provided multiple viewpoints on learning, supervision, resources, and organizational conditions. Eligible participants were at least 18 years old and had direct experience with the internship program.

Data Collection

Data were collected through semi-structured, face-to-face interviews lasting approximately 45–60 minutes. Separate interview guides for students and field personnel addressed the classroom-to-field transition, supervision, role clarity, learning opportunities, organizational and resource conditions, professional development, and recommendations for strengthening internships. Interviews were audio-recorded with permission, and field notes documented contextual observations and researcher reflections.

Data Analysis

Interviews were transcribed verbatim and analyzed using Braun and Clarke's (2006, 2021) six-phase reflexive thematic analysis: familiarization, initial coding, theme generation, theme review, theme definition and naming, and reporting. Coding was primarily inductive while informed by the research questions and conceptual framework. Codes were compared across participants, organized into patterns, and developed into themes representing the transition to field practice, educational and organizational influences, professional development, and implications for Community Health Officer workforce preparation and PHC delivery. Representative quotations were used to support the findings.

Trustworthiness

Trustworthiness was guided by Lincoln and Guba's (1985) criteria of credibility, transferability, dependability, and confirmability. Credibility was strengthened through triangulation of student, supervisor, and managerial perspectives and member checking of interview summaries. An audit trail documented methodological and analytic decisions, reflexive journaling supported confirmability, and contextual description supported assessment of transferability.

Ethical Considerations

Ethical approval was obtained from the appropriate institutional review committee before data collection. Participants provided written informed consent and were informed of voluntary participation, confidentiality, and their right to withdraw without penalty. Participant codes replaced identifying information, and study data were securely maintained on password-protected devices accessible only to the research team.

Data Analysis

Interview data were analyzed using Braun and Clarke's (2006, 2019, 2021) six-phase reflexive thematic analysis. Interviews were transcribed verbatim, checked against the recordings, and read repeatedly to support familiarization. Initial codes were generated primarily inductively from meaningful segments of participants' accounts and compared across students, the field supervisor, and the nurse manager.

Related codes were grouped into candidate themes and iteratively reviewed against the coded extracts and complete dataset to ensure coherence and distinctiveness. Although coding was primarily inductive, interpretation was informed by the research questions and conceptual framework. Final themes were defined and supported with representative participant quotations to illustrate patterns while preserving participants' perspectives.

V. RESULTS

Participant Characteristics

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Eight participants took part in the study: six second-year Community Health students who had completed field internships, one field supervisor, and one nurse manager. The inclusion of student, supervisory, and managerial perspectives provided multiple viewpoints on field learning and internship conditions.

Table 1. Participant Characteristics

Participant	Role	Sex	Experience
P1–P6	Second-year Community Health students	F	Completed field internship
CS1	Field Supervisor/CHO Preceptor	M	>5 years supervising students
NM1	Nurse Manager	F	>10 years field management

Note. CHO = Community Health Officer. Student placements occurred in community health facilities.

Coding and Thematic Analysis

Interview data from the six student participants (P1–P6) were analyzed iteratively, progressing from participant accounts to initial codes, broader categories, and final themes. Although the research questions and interview domains provided an organizational framework, coding remained responsive to patterns emerging from participants' experiences. Responses were compared within and across participants to identify convergence, variation, and relationships among educational, organizational, and professional-development experiences. Related codes were consolidated to reduce redundancy and develop higher-order categories and themes.

Analysis progressed from participant accounts to initial codes, broader categories, and final themes. Coding remained primarily inductive, while the research questions and conceptual framework informed interpretation. Comparison within and across participant accounts identified recurring patterns and variations in internship experiences. Five themes emerged from the analysis, as summarized in Table 2.

Table 2. Illustrative Progression from Codes to Themes

Illustrative Codes	Category	Theme
Initial anxiety; theory–practice connection; repeated practice	Transition and adjustment	1. Transitioning from classroom learning to field practice
Guided practice; constructive feedback; peer support; teamwork	Learning support	2. Supervision and support as facilitators of learning
Resource shortages; workload; restricted practice opportunities	Organizational constraints	3. Resource and organizational constraints on learning
Practical competence; increasing confidence; professional responsibility	Professional development	4. Developing competence, confidence, and professional identity
Stronger supervision; role clarity; practical exposure; structured internship	Internship improvement	5. Strengthening internships for CHO workforce and PHC development

Note. CHO = Community Health Officer; PHC = primary healthcare. Examples illustrate the analytic progression and do not represent the complete coding framework.

Findings

Analysis of interviews with six second-year Community Health students (P1–P6), a field supervisor (FS), and a nurse manager (NM) generated five interconnected themes: (1) transitioning from classroom learning to field practice; (2) supervision and support as facilitators of learning; (3) resource and organizational constraints on learning; (4) developing competence, confidence, and professional identity; and (5) strengthening internships for Community Health Officer (CHO) workforce and primary healthcare (PHC) development. Student accounts formed the primary evidence, with FS and NM perspectives providing supervisory and organizational context.

Theme 1: Transitioning From Classroom Learning to Field Practice

Students described entering field practice with a mixture of anticipation and uncertainty. P1 and P2 expressed nervousness about working with actual patients and making mistakes, while P3 was initially uncertain about responsibilities and permitted activities. P4 and P5 described adjusting to the complexity of real-world practice, and P6 emphasized that patient and community interaction introduced dimensions of practice that could not be fully reproduced in the classroom.

Despite these challenges, students generally considered their classroom preparation relevant, particularly in patient assessment, communication, health education, maternal and child health, and common health conditions. The principal challenge was applying this knowledge in less predictable environments characterized by unfamiliar routines, service demands, and resource limitations. Repeated patient exposure, observation, supervised practice, and feedback gradually reduced uncertainty and strengthened confidence. The FS similarly observed that students arrived with foundational knowledge but initially needed guidance in applying it, while the NM emphasized orientation to facility routines and expectations.

Theme 2: Supervision and Support as Facilitators of Learning

Supervision emerged as a major facilitator of learning. Students valued personnel who demonstrated procedures, answered questions, corrected mistakes, provided feedback, and enabled appropriate hands-on participation. Staff and peer support also helped students navigate unfamiliar responsibilities and develop confidence.

Role clarity was closely related to effective supervision. Some students gradually learned their responsibilities through orientation and experience, while others initially remained uncertain about expectations and scope of participation. The FS and NM reinforced the importance of clear expectations, demonstration, feedback, and progressively increasing responsibility. Across perspectives, placement alone did not ensure learning; students needed meaningful participation accompanied by appropriate guidance.

Theme 3: Resource and Organizational Constraints on Learning

Students reported that limited equipment and supplies, staffing shortages, workload, inconsistent supervisor availability, and restricted practice opportunities sometimes constrained learning. These pressures also affected supervision because healthcare personnel had to balance patient-care responsibilities with student teaching. Both the FS and NM confirmed that workload, staffing, and resource limitations affected the support available to students.

Resource limitations sometimes prevented students from applying classroom procedures exactly as learned, contributing to perceptions of a theory–practice gap. Nevertheless, students continued to learn through observation, teamwork, patient exposure, peer learning, available supervision, and adaptation. Field placement therefore exposed students simultaneously to educational constraints and the practical realities of healthcare delivery in a resource-constrained system**.**

Theme 4: Developing Competence, Confidence, and Professional Identity

Students generally perceived field placement as strengthening their competence and confidence. They described increased comfort with patient interaction and assessment, greater problem-solving and adaptability, and a clearer understanding of CHO responsibilities. Patient and community interactions also transformed concepts such as health education, disease prevention, communication, referral, teamwork, and community engagement into practical dimensions of professional practice.

The FS and NM similarly observed that students required less direction as they became familiar with field routines. However, increased confidence did not signify complete readiness for independent practice; some students continued to identify skill gaps requiring further practice and supervision. Internship therefore contributed to emerging professional readiness rather than complete professional competence.

Theme 5: Strengthening Internships for CHO Workforce and PHC Development

Participants identified consistent supervision, clearer learning objectives and responsibilities, structured orientation, adequate resources, and greater hands-on participation as priorities for strengthening internships. Students differed somewhat in emphasis, supervision, resources, role clarity, and practical exposure, but collectively indicated that increasing placement time alone would be insufficient without improving the educational quality of the experience.

The FS emphasized structured supervision and clearly defined expectations, while the NM highlighted stronger coordination among training institutions, facilities, and personnel responsible for students. These perspectives positioned internship quality as a shared responsibility between educational institutions and placement facilities.

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Participants further associated stronger internship preparation with competence, confidence, decision-making, communication, and readiness for CHO responsibilities. They perceived these capabilities as relevant to patient assessment, health education, disease prevention, referral, community engagement, and PHC delivery. These relationships represent participant perceptions rather than demonstrated causal effects on healthcare outcomes.

Overall Findings

Across the five themes, field internship functioned as a developmental bridge between classroom preparation and Community Health practice. Supervision, feedback, repeated participation, and patient exposure facilitated this transition, while resource limitations, workload, staffing pressures, and inconsistent supervision constrained learning. Despite these challenges, students reported growth in competence, confidence, adaptability, and professional identity while recognizing areas requiring continued development.

Key-Informant Analysis and Triangulation

Field supervisor (FS) and nurse manager (NM) accounts were compared with student findings to identify convergence, qualification, or divergence across participant groups. Key-informant perspectives largely corroborated students' experiences while providing organizational context for supervision, workload, resources, and internship coordination.

Table 3. Triangulation of Findings Across Participant Groups

Student Perspective	FS/NM Perspective	Triangulated Interpretation
Theoretical preparation did not eliminate initial uncertainty in practice.	Students require orientation and guidance when applying classroom knowledge.	Transition to practice requires structured orientation and guided experience.
Repeated practice, supervision, and patient exposure increased confidence.	Progressive participation and feedback supported student development.	Experiential participation and supervision facilitated competence and confidence.
Supervision and role expectations were sometimes inconsistent.	Workload and staffing affected supervisory availability and clarity of expectations.	Supervision was influenced by both educational practice and organizational capacity.
Resource limitations restricted some learning opportunities.	Equipment, staffing, and service demands constrained teaching and practice opportunities.	Internship learning reflected broader facility resource constraints.
Stronger supervision, clearer roles, and greater practical exposure were needed.	Structured objectives, supervision, orientation, and institutional coordination were emphasized.	Internship improvement requires educational and organizational interventions.
Stronger internships were associated with better CHO preparation.	Better-prepared students were viewed as more ready for Community Health responsibilities.	Internship quality was perceived as relevant to workforce readiness and PHC delivery.

Note. CHO = Community Health Officer; FS = field supervisor; NM = nurse manager; PHC = primary healthcare.

Overall, triangulation demonstrated substantial convergence across participant groups. Students, the FS, and the NM consistently identified supervised participation, feedback, role clarity, and practical exposure as important to learning, while staffing, workload, and resource limitations constrained these opportunities. Key informants further showed that inconsistent supervision was not solely an individual supervisory issue but was partly shaped by facility capacity and competing service demands. No major contradictory perspectives emerged, strengthening the interpretation that internship quality reflects the interaction of educational support and organizational conditions.

VI. DISCUSSION

This study examined how field internships shape the transition of second-year Community Health students from classroom learning to practice in Sierra Leone and how educational and organizational conditions influence professional development. The findings indicate that internship functions as a developmental bridge between academic preparation and Community Health practice, with learning shaped by the interaction of supervised participation, field exposure, organizational capacity, and resource conditions.

Transition From Classroom Learning to Field Practice

Classroom preparation provided students with an important theoretical foundation but did not eliminate the uncertainty associated with entering actual practice. Rather than indicating inadequate academic preparation, the perceived theory–practice gap reflected the challenge of applying knowledge to complex patients, unfamiliar routines, resource limitations, and responsibilities that cannot be fully reproduced in classroom environments. Repeated exposure, guided practice, patient interaction, and feedback enabled theoretical knowledge to acquire practical meaning.

This finding is particularly relevant to Sierra Leone, where CHOs occupy important frontline roles in community-level PHC. Preparation therefore requires not only knowledge but also the capacity to exercise judgment and adapt that knowledge appropriately to actual service conditions. Field education provides an important setting for developing this context-sensitive competence.

Supervision and the Field Learning Environment

The findings reinforce supervision as a central mechanism through which field exposure becomes meaningful learning. Demonstration, feedback, correction, clear expectations, and progressively greater participation helped students move beyond observation toward active practice. Consequently, internship should be conceptualized as a structured educational experience rather than simply a period of placement.

Importantly, triangulation showed that supervisory quality was partly dependent on organizational capacity. Staffing pressures and competing patient-care responsibilities limited the time personnel could devote to students. Inconsistent supervision therefore should not be understood solely as an individual supervisor deficiency; strengthening supervision also requires placement environments capable of supporting educational responsibilities alongside service delivery.

Organizational Constraints and Learning Under Resource Limitations

Resource limitations affected both healthcare delivery and the environment in which future health professionals were trained. Staffing pressures, workload, equipment and supply limitations, and inconsistent supervisory availability constrained some opportunities for practical learning. These findings are consistent with documented workforce, diagnostic, and distribution challenges within Sierra Leone's health system (Wurie et al., 2016; Street et al., 2023; Oliphant et al., 2022).

The findings therefore reveal an important relationship between health-system capacity and educational capacity: facilities experiencing workforce and resource constraints must simultaneously provide services and prepare future practitioners expected to strengthen that same system. Nevertheless, resource-constrained placements should not automatically be viewed as educationally deficient. Exposure to such conditions can develop adaptability, problem-solving, teamwork, and contextual understanding when appropriately supervised. The educational goal should not be to shield students from resource constraints, but to ensure that adaptation does not become normalization of unsafe or substandard practice.

Competence, Confidence, and Professional Identity

Field experience contributed to perceived growth in competence, confidence, and professional identity by allowing students to participate in patient assessment, health education, teamwork, community engagement, problem-solving, and routine service delivery. These experiences supported professional socialization by helping students understand not merely how to perform activities, but what it means to assume the responsibilities of a future CHO.

Importantly, increased confidence did not equate to complete readiness for independent practice. Students continued to recognize areas requiring additional experience and supervision. Such recognition may itself indicate developing professional judgment and self-awareness. Professional identity was also strengthened through exposure to the preventive, educational, referral, and community-oriented responsibilities of CHO practice, which are particularly important to frontline PHC in Sierra Leone (Oliphant et al., 2022; Robinson, 2019).

Internship Quality, Workforce Development, and PHC

The findings position internship quality as a component of workforce preparation rather than solely an educational concern. Effective field preparation requires alignment among student readiness, learning objectives, supervisor capacity, facility resources, and opportunities for meaningful participation. Consequently, isolated interventions—such as simply increasing placement duration, may have limited benefit when supervision, participation, or facility capacity remains inadequate.

The relationship with PHC should nevertheless be interpreted cautiously. This study does not demonstrate that stronger internships directly improve healthcare outcomes. Rather, participants perceived that improved field preparation could contribute to a more competent and confident CHO workforce, potentially strengthening patient assessment, prevention, health education, referral, community engagement, and related PHC functions. The findings therefore support a plausible pathway from internship quality → workforce preparedness → potential PHC capacity, rather than a demonstrated causal relationship.

Integration With the Conceptual Framework

The findings generally support the study's conceptual framework by demonstrating that educational and organizational conditions shaped professional development through mechanisms of experiential participation, supervised practice, feedback, and reflection. Consistent with Kolb's (1984) Experiential Learning Theory, students moved from direct field experiences toward greater understanding and adaptation through repeated participation and reflection on practice. However, the findings also demonstrate that experiential learning is conditioned by the environment in which it occurs. Supervision, role clarity, workload, staffing, and resource availability influenced students' opportunities to engage meaningfully in the experiential learning process. Thus, the findings extend the application of ELT by emphasizing the organizational conditions that enable or constrain experiential learning in resource-limited Community Health settings.

Implications for Community Health Education and Practice

The findings indicate that field internship should be treated as a shared educational and health-system responsibility. Its effectiveness depends on the alignment of classroom preparation, meaningful field participation, supervision, organizational capacity, and progressive professional responsibility. Training institutions should therefore establish clear competencies, learning objectives, student responsibilities, and supervisory expectations before placement, while healthcare facilities should be selected with consideration of their capacity to provide appropriate supervision and practical learning opportunities.

Internship improvement should also recognize the conditions under which Community Health Officers are being prepared to practice. Students need opportunities to develop competence, adaptability, problem-solving, professional judgment, and community engagement while learning to navigate resource-constrained environments without normalizing unsafe or substandard practices. Stronger coordination between educational institutions and placement facilities may therefore improve both the classroom-to-practice transition and alignment of Community Health education with workforce and PHC needs.

Table 4. Recommended Action Framework

Priority	Recommended Action	Intended Contribution
Structured preparation	Standardize pre-placement orientation, competencies, objectives, and role expectations	Improved readiness and role clarity
Supervision	Designate and prepare field supervisors and establish regular feedback	More consistent guidance and learning
Experiential learning	Provide progressive opportunities for observation, supervised practice, and appropriate independence	Increased competence and confidence
Placement capacity	Consider staffing, workload, resources, patient exposure, and supervisory capacity when selecting sites	Improved placement quality and consistency
Institution–facility coordination	Establish routine communication among training institutions, supervisors, and facility managers	Timely resolution of placement and learning challenges
Reflection and evaluation	Use post-placement debriefing and student/supervisor feedback	Continuous program improvement
Workforce alignment	Align field competencies with CHO responsibilities and PHC needs	Stronger transition from education to workforce practice

Note. CHO = Community Health Officer; PHC = primary healthcare.

These recommendations represent evidence-informed directions derived from participant experiences rather than tested interventions. Their implementation would require collaboration among training institutions, placement facilities, Community Health professionals, and relevant health-sector stakeholders.

Limitations

Several limitations should be considered when interpreting the findings. The study involved a small purposive sample of six Community Health students, one field supervisor, and one nurse manager within a specific internship context in Sierra Leone. Although the inclusion of student, supervisory, and managerial perspectives supported triangulation, the findings are context-specific and are not intended for statistical generalization. The inclusion of only one supervisor and one nurse manager also limited the range of organizational perspectives represented.

The findings were based primarily on self-reported experiences and may have been influenced by recall, social desirability, or individual interpretation. Direct observation was not used to independently assess field conditions, supervision, or student performance, and placement conditions may vary across facilities and geographic areas. Future research involving multiple training institutions, facilities, districts, and larger participant groups could examine the transferability of the identified themes across Community Health internship settings.

VII. CONCLUSION

Field internship serves as an important bridge between classroom preparation and Community Health practice in Sierra Leone. Students entered placement with relevant theoretical knowledge but required authentic field exposure, supervision, feedback, and progressive participation to translate that knowledge into practical competence. Despite resource, workload, staffing, and supervisory constraints, field experience contributed to competence, confidence, professional identity, and emerging readiness for CHO practice.

Strengthening this transition requires attention to both educational quality and organizational capacity. Structured preparation, consistent supervision, meaningful participation, appropriate placement capacity, and stronger institution–facility coordination may strengthen Community Health education and workforce preparation. By improving field education, training institutions and health-sector stakeholders can better prepare future CHOs for the realities of community-based practice and support Sierra Leone's broader PHC workforce-development priorities.

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