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Title:

A case study of implementing interprofessional education in care home settings

Abstract:

Purpose – This paper reports on an intervention of an interprofessional student training scheme recently conducted in three care homes across the Northwest of England. The intervention was designed as a feasibility study to explore the impacts such schemes have on residents, students, and care home staff. Additional lessons emerged that contribute to the design and direction of future IPE initiatives in other care homes and care settings.

Design/methodology/approach – This case study outlines how the intervention was designed and implemented, and the findings from its evaluation. The paper uses Biggs's (1993) Presage – Process – Product (3P) framework to evaluate the process of setting up care homes as a site of collaborative learning.

Findings – Collaborative working between stakeholders is necessary for the successful implementation of interprofessional education in care home settings. The process is complex and requires communication and commitment across all levels of engagement. For this model to grow and have a beneficial impact on older people's lives, there are layered factors to consider, such as the socio-political context, the characteristics of the individuals who participate and diverse approaches to learning.

Research limitations/implications – This case study reports the subjective views of the research collaborators. While this raises the potential for bias, it presents an 'insider' perspective of the research process and offers learning that might be beneficial in efforts to run future interprofessional training schemes.

Originality/value – No other research studies or published interventions have been identified that explicitly address the experiences of implementing an interprofessional training scheme in UK care home settings. This work will therefore be useful to academic researchers, individuals managing student placements, and to health and social care staff who wish to learn about of the value of interprofessional learning schemes.

Key words:

Older people; care homes; education; collaboration; interprofessional

Paper type:

Case study

1. Introduction

In 2021, the University of Salford secured funding from the Greater Manchester Project Management Office to design, implement and evaluate an interprofessional (IPE) training care home scheme, titled 'Not the Last Resort'. The project aimed to provide preliminary evidence around the effectiveness and impact of IPE within a care home setting by exploring the impact it has on three groups: students, care home staff and residents. The project title refers to the way negative societally embedded perceptions of care homes mean that such provision has been viewed as a last resort, for those who end up residing there, those working there and families who have relatives who need extra care (Kinley, Hockley, Stone, Brazil, 2018). With demand in the care sector projected to increase, the research aimed to explore how these perceptions of social care might be challenged while also promoting a model of interprofessional practice for student learners. This paper *"untangles the complex web of factors that promoted and inhibited success in this initiative"* as suggested by Reeves and Freeth (2006, p.43). To do this, the team used the structure of Biggs' (1993) Presage, Process and Product (3P) model to reflect on the design and delivery of the project.

2. Background

Interprofessional education is commonly defined in the literature as when two or more professions work collaboratively together to learn from, with and about each other to improve the quality of care (Centre for Advances in Interprofessional Education (CAIPE), 1997). However, a revised definition by Stephens, Robinson and McGrath (2013) seems more appropriate as this encapsulates all who collaborate to improve care and service delivery:

"A group of people, from a range of disciplinary backgrounds, working and learning together to ensure the integrated use of natural, social and environmental sciences and services in the planning and decision-making processes which may have an impact on a child's, adult's or older person's health and their environment." (pg. 493)

The care home environment is uniquely suited to IPE opportunities as the multiple health and care needs of residents provide the ideal context for a collaborative experience (Bridges et al., 2011). Studies exploring interprofessional training in care home settings, highlight that they enhance students' knowledge of other professionals roles (Damsgård et al., 2018) increase knowledge on the care of older people (Seaman et al., 2017) and improve professional collaboration post registration (Lawlis et al., 2016).

Despite this, the majority of interprofessional training initiatives are conducted in hospital training wards and focus their outcomes on student learning and disregard the impact these projects have on organisations, care home staff or residents (Lauckner et al., 2018). No reported studies explicitly focus on the impact of IPE in the UK care home environment. To the best of our knowledge, this project represents the first attempt at creating an intervention and evaluation that sought to develop and challenge students' perceptions of social care whilst promoting best interprofessional practice in the UK care home setting.

2.1 Not the last resort project overview

Following an initial 7-month planning period (October – December 2021), fifteen students from a variety health and social care professions were placed in three care homes across Greater Manchester: either as part of their natural placement cycle, or as a voluntarily learning opportunity. There was a mix of full and part-time students whose placement spanned between six to sixteen weeks. The IPE scheme took place at the six-week 'overlap' when all students were on placement at the same time.

To enable interprofessional reflection and development, students worked the same shift patterns to share knowledge, skills, and experience and increase their understanding and awareness of each other's roles and responsibilities. They also attended weekly multi-disciplinary team (MDT) meetings, along with practice staff, residents', academics, and practice education facilitators. The meetings used an action learning approach to allow students to collaboratively work on the residents' individual goals (James & Stacey-Emile 2019; Marquardt & Banks, 2010); a process supervised and assisted by trained facilitators. Due to Covid restrictions a blended learning approach was utilised so the MDT could meet face-to-face and use Microsoft Teams when necessary.

Heron's (1996) cooperative inquiry approach informed the approach. This involves bringing people together to explore issues of interest and concern to understand their world, make sense of experiences, develop new and creative ways of looking at things and learn how to act to change things. At the heart of this approach is the ethos that research should be done *with* people not *on* people to empower rather than exploit them. With this in mind, in January 2021 a collaborative advisory group was formed to help guide the progression of the IPE scheme. The group comprised stakeholders, programme and placement teams, academics and health and social care leads who met monthly to engage in the project design, development, and planning process. (See Table I).

Professional Roles within the Advisory Group	**Number of Participants**
Academic Community	9
Placement Leads	5
Greater Manchester Enabling Effective Learning Environments (EELE) Leads*	5
Professionals in Health and Social Care	6

Table I: Professional Roles within the Advisory Group *The EELE project is funded by Health Education England and team leads work to expand placement capacity; facilitative innovation in practice supervision; and develop new models of education.

3. Reflections

Biggs's (1993) Presage – Process – Product (3P) model provides a useful framework for organising conversations on educational interventions. It includes consideration of the components and dynamics of learning and teaching alongside analysis of the influences from and within learning opportunities. Given its value in evaluating collaborative learning opportunities (Reeves and Freeth 2004; 2006) we used this framework to assess the process of setting up care homes as a site of collaborative learning. Table II identifies the core components of the 3 P's:

3P element	Element of analysis
Presage	Identifies how the setting of the learning experience has influenced the planning, delivery, and outcome of collaborative working. The learning context, teacher and programme developer characteristics, and learner characteristics are three central categories to considered in analysis.
Process	Identifies the processes of facilitating learning when designing and delivering complex and interwoven educational interventions and highlights the connecting strands associated with collaborative working. Specifically focuses on learning associated to the use of different educational approaches, the appropriate stage of education, the nature of participation, the use of distance learning, issues around offering opt-in or compulsory education, the duration of educational experiences, and assessment and facilitation.
Product	Identifies the learning within collaborative work of larger systems within professional education and service development. Specifically focuses product systems that impact on service delivery and patient or client outcomes, as well as discipline-specific knowledge, attitudes, and behaviours. The analysis also focuses unintended products of educational interventions that need attention, as it is important to minimise the impact and occurrence of negative unplanned outcomes and see these as alternative positive opportunities to capitalise on.

Table II: 3P Overview. (Adapted from: Biggs, 1993)

3.1 Presage

Presage refers to factors related to the setting of the IPE learning experience and the influence or constraints on planning, delivery, and outcomes of the project. The central characteristics considered in this discussion are: (1) the learning context and (2) characteristics of the participants and advisory group.

The learning context

The learning context in which the scheme was conducted includes the policy environment, the Covid-19 pandemic, and the impact of resources and logistics. The policy environment can play a crucial role in either promoting or restricting delivery of the IPE scheme (NMC, 2018; HCPC, 2018). Initially the project was driven by DEMOS Commission of Residential Care (2014, p. 12) stating the brand the public perception of residential care is often conceived as a "last resort" and nationally by: COVID-19: Our Action Plan for Adult Social Care (Department of Health and Social Care, 2020). The project also aligned to the existing policy agenda of Greater Manchester Enabling Effective Learning Environments (Greater Manchester Combined Authority, 2021) who focus on widening access to learning environment opportunities in social care. Similarly, visions to transform the safety and quality of social care provision for people who live in residential, nursing, specialist, and mental health care homes across Greater Manchester (GM) also played a motivational role in the development of the scheme.

While the policy environment influenced the planning and development of the scheme, we contend that future iterations require development of new policies if IPE schemes are to flourish. Where we previously envisaged the integration of students from certain professional groups (such as Occupational Therapy), care homes do not always employ practitioners who can supervise certain groups of students (in accordance with relevant professional body requirements). This hampered our ability to effectively support their participation in the

scheme (see HCPC, 2018; NMC, 2018). We therefore place importance on the development of policies that provide clear guidance on long-arm student supervision across all health and social care programmes (LAPS) which is:

"…the process whereby a supervisor, who is located at a distance to the practice learning area, takes responsibility for supervising and supporting the student and confirm the achievement of their outcomes." (NHS Education for Scotland, 2013, pg. 57).

The Covid-19 Pandemic also impacted on the intervention. In accordance with Public Health England mandate, all three-care homes were put into lockdown or self-isolation at various points of the placement duration to prevent the spread of Covid 19. As students were unable to engage with the care home face-to-face, this created constraints in the mode of delivery and eventually led to it being conducted virtually across some homes. Upon reflection, this allowed insight into how the design of IPE must be developed to incorporate new and innovative models of social care delivery in which students, staff and residents can engage either virtually or face to face (Van Diggele et al., 2020).

Finally, resources and logistics were a core influential component in developing and delivering the IPE scheme. Physical costs included funding not only the research team, but the care homes given they needed to secure public and professional indemnity and liability insurance. A barrier in recruiting pilot care home sites meant that some homes could not, or would not, participate, citing increasing insurance costs a result of the Covid 19 pandemic. Future interventions need early discussions around public and professional indemnity and liability insurance if social care placements are to become a prominent feature of all pre-registration health and social care programmes. It is also crucial to recognise that the success of the scheme rested on unrecognised costs including the goodwill of the advisory group, who put considerable time and effort into recruiting care homes, organising placements, and managing unexpected logistical challenges that occurred through the research process.

Characteristics of the learners

Students were recruited from a variety of professional groups – such as Physiotherapy, Social work, Nursing (Mental Health and Adult), Podiatry, Prosthetics and Orthotics, Sports Rehabilitation, and Counselling and Psychotherapy. This meant consideration needed to be paid to the learners competing needs and demands to ensure professional competencies were achieved as well as a successful implementation of the IPE scheme.

The IPE scheme began as an opportunity for third year undergraduate students, but it became apparent that, due to the nature of fixed placements and project deadlines, we were unable to gather enough placements from this pool of students across health and social care programmes. The inclusion of second year students raised initial concerns that their limited experience might affect their ability to effectively support residents. In the planning stage students themselves reported feeling a degree of uncertainty and excitement with regards to their interactions with other professional groups.

The self-selecting students were also worried about their ability to manage the competing demands of university and placement work. As balancing these could be overwhelming, we suggest that emphasis on support mechanisms is important, with students enabled to negotiate their role within existing relationships at the university and create new relationships with the research team, care home managers, staff and the IPE student group (McDonald et al, 2018).

Characteristics of the teacher and programme developers

The characteristics of the teacher and programme developers, particularly given their long-term, and often hands-on, involvement in the scheme is also required. In this context the term 'teacher and programme developer' encapsulates (1) the project advisory group; (2) the action learning set facilitators; and (3) the care home staff.

The success of the project rested on securing facilitators to maximize the collaborative learning experiences of students and the successful provision of action learning (Pedler & Abbott, 2008). The facilitator's role was to evoke a spirit of inquiry and keep the group on track and to time. Though, there are three choices to facilitating action learning: the initiator, who commences the sets and then fades into the background (Revans, 1998); the leader who steers and organises the group from start to maturity (Pedler & Abbott, 2008); and the coach who facilitates, clarifies the learning processes, and models skills and behaviours of action learning (Marquardt, 1999). In our intervention the initiator role was not utilised, perhaps as the groups were of pre-registration students and novices to the process and therefore lacked the confidence to take control completely.

Teachers and developers entered the process with an understanding of, and willingness to engage in, collaboration. They often expressed they had a shared vision, with a common purpose or goal from the start and reflected on the nature of this, expressing that trust was an essential component in their ability to build a culture of open communication and successful collaboration. When questioned what the opposite of collaboration is, the group expressed this to be silo working, working in splendid isolation, and working only in one personal profession.

The care homes involvement was vital in the planning stages of the project. The number and types of students who would be allocated to each care home was based upon the needs and size of the home and decided collaboratively through on-going conversations with those who worked there. This process was not clear cut, however; with care-home work traditionally being viewed as nursing work, and required multiple meetings to explore the benefits of non-traditional professions such as, sports rehabilitation, and AHPs such as podiatry. Further, care home staff often entered this process feeling unsure about their ability to manage students' expectations of the IPE scheme and manage the MDT meetings.

On reflection, our experiences of layered uncertainties among students and teacher and programme developers support wider literature that emphasise how participating in the unfamiliar of IPE can initially create dissonance in participants (Stephens & Ormandy, 2018). In this way, we highlight the importance of managing people's expectations of their role in an IPE initiative. Whilst we held a preplacement workshop for participants, we suggest additional training sessions or online resource packs could further ease such concerns, acting as *"relational icebreakers"* (Svensberg et al., 2021, pg. 5; Damsgård et al., 2018) preparing staff, students, and residents for the upcoming scheme.

3.2 Process

We now focus on the processes of facilitating learning when designing and delivering complex educational interventions in the care home setting, highlighting our reflections on (1) collaborative approaches, (2) placement duration, (3) development of teams/individuals, (4) distance learning, (5) forms of attendance, and (6) the nature of assessments.

Collaborative approaches

The scheme was grounded in interprofessional learning so that students and care home staff had the chance to learn from, with and about each other to address the resident's goals and, in turn, improve practice (Barr, 2002). Notably, when delivering the scheme those involved often struggled to differentiate between multiprofessional and interprofessional working. Though further into the process, students expressed an understanding that learning as part of an integrated team felt different to the typical group work that they had engaged in professionally.

Duration

Based on a previous study around the impact on affective domain development (Stephens & Ormandy, 2018) the duration of the scheme was designed as a 6-week placement overlap. Post-delivery we questioned increasing the overlap to ten weeks to help residents achieve their goals; though to facilitate this it would require a significant shift in placement development across Higher Education Institutions. However, the most beneficial

length might be different across different care homes, which supports literature that suggests that the optimum duration of IPE is recognised to be difficult to ascertain as it is context specific (Lutfiyya et al., 2016).

Placements

The scheme was initially planned to be implemented in four care homes. However, due to staffing changes, one of the care homes dropped out at the start of the programme, leading to the exclusion of some professions. Furthermore, placement cycles across the four universities meant students from different professions were on placement at different times across the academic year. This influenced the length of time students were on placement together and impacted our ability to ensure the preferred balance of professions. Given IPE is defined as when two or more professions work collaboratively together (CAIPE, 1997), we highlight that future iterations of IPE schemes in this setting should employ flexibility in their approach to account for such complexities.

Team/individual development

The IPE scheme aimed to develop both the team and individuals involved. Care home managers and staff who had not facilitated action learning before found this challenging and understandably required additional support. Action learning is centred around solving a problem, in this case a problem identified by a resident that they would like to work on. However, as Beatty, Bourner and Frost (1993) highlight, it is also possible that those involved could either fail to solve the problem but learn a lot about oneself or solve the problem but learn nothing of significance (Beatty, Bourner & Frost, 1993). Being new to the process of action learning, some facilitators initially had to be inhibited from sharing their thoughts and attitudes of *how* to participate in the meeting. This meant they needed to experience a shift in their role from a provider of information (expert) to a facilitator who helped the students to learn how to find solutions on their own, a transition that was not always easy. Nevertheless, the IPE scheme enabled the stakeholders to question their current reality and develop new perspectives and utilising action learning helped equip the students, care home managers and staff to respond more effectively to change and develop new learning (Faller, Marsick, & Russell, 2020).

Distance learning

To facilitate the MDT meetings and reduce physical attendance in the homes during the pandemic, a blended approach was implemented. Concerns were raised that this might make it harder to develop, manage, and nurture relationships virtually compared to face-to-face, which influenced the trust and expectations of all IPE stakeholders (Jowsey et al., 2020). Two students dropped out of their virtual engagement as it acted as a barrier for their inclusion in the MDTs and some residents expressed difficulties in hearing. Despite this, the virtual element benefited time management and the structure, making it easier for agendas to be delivered and achieved. It also created a fishbowl element for virtual MDT participants, and enabled teacher and programme developers to witness relationships forming behind an added lens and examine changes in group dynamics (Kennedy, 2007).

Forms of attendance

Students could either voluntarily opt in or attend the scheme as part of a compulsory placement. We observed a contrast in views and enthusiasm towards conducting a placement in a care home setting, with those who had volunteered expressing a more positive attitude toward care-home work. Recruiting student volunteers to the IPE scheme was difficult and complex. In future schemes, we stress that consideration should be paid to external commitments and transport routes to ensure students can complete the attendance requirements in manageable ways.

The nature of assessments

This scheme did not form part of any formal student assessment. On reflection we suggest that it would be beneficial for future iterations to include student placement assessments, in particular the students' achievement of collaborative working and practice competencies, to demonstrate profession specific outcomes.

It is important to recognise the complex nature of this however when including students attending as part of their natural placement cycle as well as a volunteer opportunity.

3.3 Product

The 'product' stage of Biggs's (1993) model focuses on *intended* outcomes such as the development of new knowledge, attitudes, skills or the impact on delivery of care and resident outcomes, and *unintended* outcomes in how future iterations of the scheme can these are managed, reflected and capitalised upon.

Intended outcomes

The reported benefits of engagement in the IPE scheme reflected our expected outcomes. Having a diverse range of professionals allowed the care-home team to address the often-complex needs of the residents more holistically, and students learned the value of working in this way rather than focusing on a particular aspect of an individual's care. By promoting collaboration and fostering an environment of communication, IPE promoted knowledge sharing between staff and students that enriched the care of those within the home during the scheme and beyond, as existing staff carried their new knowledge forward. Key outcomes also highlighted the need for reflective approaches to knowledge development. The weekly MDT meetings using action and reflection proffered greater input into what and how students learn as an individual and a collaborative. Developing relationships between students, care home staff, and facilitators, established the optimal learning environment and assured that students' opinions were valued. Transformation occurred, from relearning of profession specific knowledge and skills, through the testing of strategies and values within a collaborative IP experience (Brundage, 1980, p. 5).

We recognised at the start that a 'core' planning team would naturally form out of the wider advisory group given their diverse roles and workload responsibilities. The advisory group became a smaller community of practitioners who worked and met frequently to create and evaluate the IPE placements. For instance, while some advisory group members had strategic roles, attending quarterly to review structures and processes, others were operational, assisting frequently with implementation and evaluation. To ensure success, the 'core' group had to come together, share expertise and relinquish some professional autonomy to work closely and in collaboration. However, while this shift was expected, it took over eight months for this smaller group to form which highlights the importance of clearly identifying roles and responsibilities from the start.

Difficulties in experiencing a shift from silo to interprofessional working was expected given wider literature often details such complexities (Kinnair et al., 2014). This related to uncertainties experienced in how to effectively engage with IPE, how to navigate power dynamics in this environment and the process of working in a new environment. Such tensions were often found to dissipate quickly. We also found that individuals *beginning* the process with an awareness or acceptance of this was meaningful in how it enabled people to embrace the complexities of an IPE process rather than resist them.

Unintended outcomes

Consideration of negative and positive unintended outcomes is crucial for future implementation (Freeth & Reeves, 2004). Introducing second year undergraduate students was beneficial despite their limited clinical experience; they rose to the challenge and demonstrated core leadership skills, as well as an ability to deliver high-quality evidence-based care. Further, their inclusion not only enabled the team to meet the needs of the scheme but also helped us respond to a call to reduce pre-registration attrition and improve retention of second years (NHS Health Education England, 2018).

Also unexpected was the level of interprofessional collaboration among the advisory group. Whilst the IPE activities included peer to peer learning amongst students, care home staff and residents, this also occurred within the advisory group itself. Group members recognised that monthly meetings enabled knowledge sharing from different professionals which in turn influenced the design and delivery of the IPE scheme and aided any constraints to collaborative working. Their experiences reflected Schot et al's (2019) suggestion that there are

three ways in which professionals collaborate *"1) by bridging professional, social, physical and task-related gaps, 2) by negotiating overlaps in roles and tasks, and 3) by creating spaces to be able to do so"* (p.332).

Some unintended outcomes resulted from the complexity of implementing the schemes. While we set out with the goal to interview students three times to track their experience, the challenge of undertaking this became apparent in trying to organise these meetings around their assessment deadlines, placement hours and University commitments. Further, collecting data in a care home setting during a pandemic was problematic, and respecting the nature of care home routines and resources, as well as researching in ethically appropriate ways, meant it was not always possible to interview residents and staff at arranged times. Such experiences were difficult to navigate, though simultaneously offered key learning around the nature of evaluating IPE in care home settings and the most effective methods and approaches to utilise in this context.

4. Conclusion

Creating an interprofessional education placement scheme in care home settings was a complex task. Our experience was that it had meaningful and long-lasting benefits for everyone involved but complex multi-layered factors influenced its implementation. Drawing on Bigg's (1993) 3P model, we highlight key lessons learned that could help guide future schemes. Firstly, involvement and communication across all levels was key and we point to the importance of utilising frameworks such as Heron's (1996) to ensure schemes are designed collaboratively and cultivate an environment in which not only students, but staff, teachers and programme developers can learn and grow. Secondly, we highlight that allowing for flexibility is crucial; not only should schemes avoid being designed as 'one size fits all' given the diversity of care homes and the needs of those within them, but to account for the inevitable changes which arise throughout the course of such projects. Finally, we propose that the active engagement of everyone involved in the IPE learning process is fundamental to the success of such schemes and note that the way individuals choose to engage with IPE activities will have a significant impact on the overall group experience (Owens et al., 2009).

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