Australian Journal of Primary Health, 2015, **21**, 360–364 http://dx.doi.org/10.1071/PY14026

# Interprofessional learning in residential aged care: providing optimal care for residents

Karla L. Seaman<sup>A,D</sup>, Caroline E. Bulsara<sup>B</sup> and Rosemary D. Saunders<sup>C</sup>

**Abstract.** Since 2010, a residential aged care provider has been in collaboration with universities in Western Australia to deliver an interprofessional education (IPE) program in residential aged care facilities. The program takes place within a residential aged care setting where university student placements from seven disciplines are integrated into a dynamic interdisciplinary team approach for care delivery. This approach provides the opportunity for two or more professionals to learn together to provide optimal care for residents. In 2012, an extensive research evaluation was performed to demonstrate, among other outcomes, the benefits to the residents and staff involved in the program. Residents, family members and staff from a residential aged care facility were invited to participate in the mixed methods evaluation. The qualitative aspects were digitally recorded, transcribed and thematically analysed. SPSS (SPSS Inc., Chicago, IL, USA) was used to analyse the quantitative data. All were exceptionally satisfied with the IPE program.

Received 6 February 2014, accepted 15 July 2014, published online 8 August 2014

## Introduction

There is mounting evidence and a recognised need for effective interprofessional team-based care to improve patient care and to enhance the patient outcomes. Interprofessional education (IPE) is defined by the Centre for the Advancement of Interprofessional Education as, 'when two or more professionals learn with from and about each other to improve collaboration and the quality of care' (CAIPE 2002). Coleman (2003) has emphasised that nurses collaborating with primary care physicians as a successful interdisciplinary team can lower health-care costs due to a better understanding of transitional care needs and reduction and prevention in clinical errors and adverse events during hospital discharge. With the rapidly growing and increasingly complex health-care system, it is important that interprofessional learning and education occurs from the foundation of a health-care professional's education (Wicker 2011). This ensures that future health-care professionals embed and maintain best practice throughout their career.

Residential aged care facilities (RACF) provide an optimal learning experience for university student placements as it allows students to work with the complex needs of the elderly, thus providing an ideal environment to create an interprofessional learning experience (Halcomb *et al.* 2009; Johnson 2010; Kanter 2012; Lucas *et al.* 2013*a*, 2013*b*). Although several studies focus on the student experience and attitudes towards interprofessional learning across many aged care facilities (Ponzer *et al.* 2004;

Hertweck *et al.* 2012; Lie *et al.* 2013; Lucas *et al.* 2013*a*, 2013*b*), there is very limited evidence around the perceived benefits and barriers to the residents and staff involved in interprofessional programs.

# Background

In 2010, a large Western Australian Residential Aged Care provider partnered with two Western Australian universities to provide interprofessional clinical placements through an IPE program. In this program, final year university students from diverse disciplines undertake a clinical placement together at a RACF (Table 1). The IPE program is coordinated and implemented by staff at the RACF, and incorporates all staff including nurse practitioners and care workers. The students work collaboratively as an interdisciplinary team in providing care including working together on clinical assessments, case studies, ward rounds and training sessions. The aim of this study is to determine the impact of an IPE program within a RACF on residents and staff.

# Methods

Setting

The study was conducted at a 110 bed RACF that provides high care for older persons aged over 65 years. The university placements vary in length from 2 weeks to 6 weeks depending on

<sup>&</sup>lt;sup>A</sup>Brightwater Care Group, The Brightwater Centre, Level 3, 355 Scarborough Beach Road, Osborne Park, WA 6017, Australia.

<sup>&</sup>lt;sup>B</sup>School of Health Sciences, University of Notre Dame, Fremantle, 19 Mouat Street (PO Box 1225), University of Notre Dame, Fremantle, WA 6959, Australia.

<sup>&</sup>lt;sup>C</sup>School of Population Health, University of Western Australia, 35 Stirling Highway, Crawley, Perth, WA 6009, Australia.

<sup>&</sup>lt;sup>D</sup>Corresponding author. Email: karla.seaman@brightwatergroup.com

# What is known about the topic?

 Interprofessional learning programs have been implemented across the world and have demonstrated positive outcomes for students, professionals and patients in clinical settings; however, there is limited evidence around their use in residential aged care facilities.

# What does this paper add?

 This paper demonstrates the benefit of implementing an interprofessional learning program within a residential aged care facility from the perspective of the residents, staff and residents' next of kin.

the degree requirements, with students required to participate in care delivery for residents and to engage residents in activities to encourage mobility and social inclusion.

# Design

A mixed-methods approach (qualitative and quantitative) using a convergent parallel design was used (Creswell 2013). This approach was utilised to gain a greater understanding of the perceived effects of residents and staff engaging with students as part of the IPE program.

Four focus groups were conducted with staff and residents along with in-depth interviews with the residents and their significant others to further explore their experience of the IPE program. Furthermore, staff and family and friends completed two separate surveys. These three perspectives allowed for triangulation of the data, contributing to the validity of the findings.

Written consent to participate was obtained from each participant and organisational approval was obtained by the Clinical Services Management Team Committee and the Steering Committee.

# **Participants**

All care staff working at the RACF were invited to complete the survey and/or participate in a focus group. For the purpose of the study, the term 'family and friend' was used to describe the participants nominated as next of kin for each resident and they were invited to complete a survey. The facility Care Manager identified residents who had sufficient cognitive ability (determined by the mini-mental state examination score) to actively participate in the interview and/or focus group. One resident participated in both the interview and focus group.

#### Procedure

All data were collected between 1 August 2012 and 30 October 2012. A summary of the procedure and methods used can be seen in Fig. 1. Family and friends interviews were conducted by telephone. Resident interviews and two focus groups were conducted at the RACF. The two staff focus groups were conducted at the RACF during morning tea and lunch breaks. Interviews and focus groups were guided by a semi-structured interview schedule. The family and friends survey was delivered via mail with a replied paid envelope and the staff survey was distributed onsite at the RACF, with a collection box placed near the administration office. The surveys consisted of both closed and open-ended questions.

Questions for all forums focussed on: (i) overall perception of the IPE program; (ii) issues and concerns; and (iii) perceived benefits of the IPE program.

## Data analysis

All focus groups and interviews were audio recorded and transcribed verbatim. Thematic analysis was completed for all qualitative data. The thematic analysis of focus group and interview data enabled the researchers to determine themes that

Table 1. Number of university student placements by discipline in 2012

Discipline	Dietetics	Occupational Therapy	Nursing	Physiotherapy	Pharmacy	Medicine
No. of students	4	12	16	18	3	20

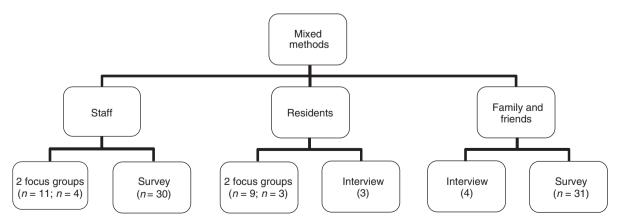


Fig. 1. Procedure and method summary.

were relevant to the topic of IPE within the residential aged care facility. The process involves reading and re-reading of the data to determine recognition of patterns within the data (Rice and Ezzy 1999). These themes then became categories for the analysis of the data. The software package NVivo 10 (QSR International Pty, Ltd, Melbourne, Vic., Australia) was used to manage the data.

Survey data were entered into a Microsoft Excel (Microsoft, Redmond, WA, USA) spreadsheet and analysis was completed using SPSS version 20.0 (SPSS Inc., Chicago, IL, USA). Categorical data were coded, entered and expressed as percentages.

## Results

Several themes emerged from the interviews, focus groups and surveys. The results from the resident, family and friend information are presented first followed by the results from the staff survey and focus groups.

Residents and family and friends results

A total of 31 family and friends participated in the mail out survey, resulting in a response rate of 28%.

All family members and friends believe the students have had a positive effect on their resident and felt comfortable having students care for them. This was demonstrated through a series of questions using a five-point Likert scale (Strongly Agree to Strongly Disagree); for the purpose of the findings, the categories have been collapsed and are presented in Table 2. Some comments by family and friends identified the need for more information about the IPE program to be provided to family and friends, both before and during the program implementation.

The key themes from the residents and family and friend interviews and focus groups included:

- · Physical mobility and confidence
- Motivation
- · Social interaction
- Student involvement
- Issues for consideration.

Physical mobility and confidence

Many of the residents commented on the physical improvements to their health and said that this had helped to increase their confidence to participate in the activities.

One resident joked that the 'use by date' on his knee had improved and another that the support from the students to

improve mobility was vital in helping him achieve better functionality. As one resident said:

...made us so much more alive.... we have to do things with our hands and work things out in our heads. (Resident Interview 2)

#### Motivation

Residents spoke of having greater motivation because participating in the program attributed to interaction with the students along with an increase in physical abilities. One resident stated:

I feel that they give me something that I haven't got, and I am starting to get it too, which is motivation. (Resident 1 FG1)

#### Social interaction

An important aspects of the IPE program was the way in which it enabled residents to come together and interact with each other socially, giving them a sense of being part of a community:

I look forward to coming to meet people and to sit... This changes my whole outlook and I really look forward to it and enjoy it. Enjoy coming and yeah... I think about it the day before. (Resident 4 FG2)

## Student involvement

The residents enjoyed the presence of youth and the feeling of 'giving back' to society and student learning. They all commented positively on their interaction with the students. A family member said:

...she [medical student] was really nice, really understandable; her approach to the older person/sick person was amazing, very much professional. (Family Interview 2)

#### Issues for consideration

As a result of residents' enjoyment of interacting with students, they missed the students when the placement ended. This was clearly recognised by one resident who stated:

I would like to say when I first met everyone, I feel like I have known them for a very long time, when they go I get very upset, you get used to people here, when they are good to you. (FG1 Resident 1)

Table 2. Family and friends' perspectives of Interprofessional Education (IPE) from survey data

Characteristics	No. of respondents	Strongly agree/agree (%)
The student(s) has had a positive effect on your family member/friend <sup>A</sup>	18	94
You are comfortable with students' involvement in the care of your family member <sup>A</sup>	18	100
Your family member/friend enjoyed the experience <sup>A</sup>	18	94
The program is beneficial to residents	30	87
I would feel comfortable with students' involvement with my relative/friend	30	100
The program has a positive impact on the facility	30	87

<sup>&</sup>lt;sup>A</sup>Represents questions only answered by respondents whom family member/friend is directly involved in the IPE program. The remaining questions were completed by all family members/friends that have a family member/friend at the facility.

One family member felt that sometimes there are too many students present at the one time, raising the need to make sure that residents do not become overwhelmed.

In addition, the need for greater inclusivity of a broader group of residents was raised, given the benefits obtained from the program by residents who had already participated.

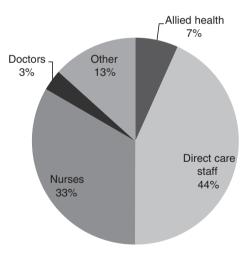
# Staff results

A total of 30 staff participated in the survey, with a response rate of 20%. The response rate by staff role is reflective of the staff profile (Fig. 2). The low response rate can be attributed to data collection occurring on a single day at the facility, whereby only staff present on that particular day completed the survey. Most respondents reported that the IPE project had improved resident wellbeing and provided additional support to the residents. This was demonstrated through six questions using a five-point Likert scale (Strongly Agree to Strongly Disagree); for the purpose of the findings, the categories have been collapsed and are presented in Table 3.

The major themes from the staff focus groups were: positive aspects of IPE, improvements for the future, and effects on the residents.

# Positive aspects of the IPE program

Extra assistance with care delivery provided by students, clinician input into the program and the GP prepared to 'go the extra mile' by providing extra support to students was highly valued and was seen as being highly beneficial to staff in terms



**Fig. 2.** Percentage distribution of staff role (n = 30).

of learning, affirmation of staff abilities and assistance with residents as demonstrated in the following quote:

It has been really good for some of our residents because they are actually getting out and going and joining groups and having that one on one and you can just see the difference in the resident. (Care Worker 4)

Improvements and suggestions for the future

Although staff were largely happy with the program, there were a few suggestions for the future in terms of the overall structure of the program and the involvement of more residents. Direct care staff wanted students to consult them more often when appropriate and relevant as they could provide valuable knowledge on each resident and they suggested that communication processes be put into place. A better balance of students per placement alongside longer placements would be preferred in order to give a true meaning to the concept of IPE and working interprofessionally. In addition, staff suggested that a designated IPE health professional from each field be assigned to guide and liaise with students. One staff member said:

I think it would be great if we had some of the student disciplines for longer. (Allied Health 7)

Effects on the residents as perceived by staff

Student IPE placements were regarded by the staff as being highly beneficial for residents, specifically in providing extra one-on-one time with residents to improve functionality and mobility and the capacity for students to resolve health issues quicker. A staff member said:

I think the allied health students are absolutely wonderful. (Care Worker 3)

However, several staff participants commented that the program could incorporate more residents and that some may wish to participate but were 'shy to express interest' in participation.

# Discussion

Overall, the IPE program was regarded by all stakeholders, including residents, families and staff members, as being beneficial in creating opportunities for residents to regain confidence and improved health outcomes through interactions with the students and other residents. The activities provided residents with extra opportunities to socialise and to physically and emotionally benefit from those interactions. It also provided

Table 3. Staff perspectives of Interprofessional Education (IPE) from survey data

Characteristics	No. of respondents	Strongly agree/agree (%)
Generally, I feel that the IPE has had a positive effect on the care of residents $(n=30)$	30	93
Overall, the IPE program is beneficial to facility staff $(n = 30)$	30	93
Having IPE students helped to ease the workload for facility staff $(n = 30)$	30	60
I would like the IPE program to continue next year $(n = 30)$	30	93
Resident issues are usually attended to in a timely manner by the IPE team $(n = 30)$	30	93
The IPE students are capable of completing the tasks they are given $(n=30)$	30	93

the residents the opportunity to see how health professionals can work collaboratively together.

There are also benefits to staff in exchanging knowledge and new techniques with students and being involved in an interdisciplinary model of care that has had a positive impact and has been incorporated in how they deliver care. Staff spoke of their increased motivation that results in helping students to learn and this is also acknowledged in the literature (Grealish *et al.* 2010).

The workforce situation both in Australia and overseas in residential aged care is becoming critical with three-quarters of residential facilities reporting a skills shortage in one or more occupations (King *et al.* 2012). Studies conducted among university graduates in health professions have indicated that many do not consider working in residential aged care within a community as a viable career option (Abbey *et al.* 2006). Furthermore, many regard it as a limiting and an uninteresting career option (Grealish *et al.* 2010). For example, a study conducted by Moyle (2003) showed that nursing graduates rank a career in aged care lower than any other field. It is vital that good working models of interdisciplinary health-care teams rather than 'intra-disciplinary care' are demonstrated to students during their undergraduate years.

#### Conclusion

This first-of-its-kind study examines the resident and staff perspective of incorporating an interprofessional approach with university student placements within a RACF. The findings identify that this type of program is very beneficial to residents and staff.

The study has also provided an opportunity for older people to be involved in the research process and contribute to the ongoing project. It is essential that staff, students and residents integrate well in the program and that the program has strong administration, internal and university support. The student perspective of the program and opportunities for learning is the other important aspect of this type of project, and it is currently being investigated.

# **Conflicts of interest**

None declared.

### Acknowledgements

The authors acknowledge the NHMRC Cognitive Decline Partnership Centre (CDPC) as a contributor and thank all the residents, staff and family in the participating aged care facility for their help and participation. This IPE project was funded by the Department of Health and Ageing, Increased Clinical Training Capacity Program.

#### References

- Abbey J, Liddle J, Bridges P, Thornton R, Lemcke P, Elder R, Abbey B (2006)
  Clinical placements in residential aged care facilities: the impact on nursing students' perception of aged care and the effect on career plans.

  The Australian Journal of Advanced Nursing 23(4), 14–19.
- CAIPE (2002) Centre for the Advancement of Interprofessional Education.

  Available at http://www.caipe.org.uk/about-us/the-definition-and-principles-of-interprofessional-education/ [Verified 19 May 2014]
- Coleman EA (2003) Falling through the cracks: challenges and opportunities for improving transitional care for persons with continuous complex care needs. *Journal of the American Geriatrics Society* 51(4), 549–555. doi:10.1046/j.1532-5415.2003.51185.x
- Creswell JW (2013) 'Research design: qualitative, quantitative, and mixed method approaches.' (SAGE: Los Angeles, CA; Thousand Oaks, CA)
- Grealish L, Bail K, Ranse K (2010) 'Investing in the future': residential aged care staff experiences of working with nursing students in a 'community of practice'. *Journal of Clinical Nursing* **19**(15–16), 2291–2299.
- Halcomb EJ, Shepherd BM, Griffiths R (2009) Perceptions of multidisciplinary case conferencing in residential aged care facilities. Australian Health Review 33(4), 566–571. doi:10.1071/AH090566
- Hertweck ML, Hawkins SR, Bednarek ML, Goreczny AJ, Schreiber JL, Sterrett SE (2012) Attitudes toward interprofessional education: comparing physician assistant and other health care professions students. *Journal of Physician Assistant Education* **23**(2), 8–15.
- Johnson M (2010) Changing the culture of nursing homes: the physician's role. Archives of Internal Medicine 170(5), 407–409. doi:10.1001/ archinternmed.2009.550
- Kanter SL (2012) The nursing home as a core site for educating residents and medical students. Academic Medicine 87(5), 547–548. doi:10.1097/ ACM.0b013e3182557445
- King D, Mavromaras K, Wei Z, He B, Healy J, Macaitis K, Moskos M, Smith L (2012) The aged care workforce, 2012. Australian Government Department of Health and Ageing, Canberra.
- Lie DA, Fung CC, Trial J, Lohenry K (2013) A comparison of two scales for assessing health professional students' attitude toward interprofessional learning. *Medical Education Online* 18, 21 885.
- Lucas P, McCall M, Lea E, Eccleston C, Crisp E, Andrews S, Robinson A (2013a) Clinical placements in residential care facilities part 1: positive experiences. *Journal of Paramedic Practice* 5(7), 400–406. doi:10.12968/jpar.2013.5.7.400
- Lucas P, McCall M, Lea E, Eccleston C, Crisp E, Andrews S, Robinson A (2013b) Clinical placements in residential care facilities part 2: negative experiences. *Journal of Paramedic Practice* 5(8), 462–468. doi:10.12968/jpar.2013.5.8.462
- Moyle W (2003) Nursing students' perceptions of older people: continuing society's myths. *Australian Journal of Advanced Nursing* **20**(4), 15–21.
- Ponzer S, Hylin U, Kusoffsky A, Lauffs M, Lonka K, Mattiasson A-C, Nordström G (2004) Interprofessional training in the context of clinical practice: goals and students' perceptions on clinical education wards. *Medical Education* 38(7), 727–736. doi:10.1111/j.1365-2929.2004. 01848.x
- Rice PL, Ezzy D (1999) 'Qualitative research methods: a health focus.' (Oxford University Press: Melbourne)
- Wicker P (2011) Interprofessional learning. *Journal of Perioperative Practice* **21**(3), 83.