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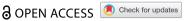
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'Not the last resort': The impact of an interprofessional training care home initiative on students, staff, and residents

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ABSTRACT

This paper reports on an innovative interprofessional education (IPE) initiative conducted in three care homes across Greater Manchester in the United Kingdom (UK). Students from a variety of professions including nursing, physiotherapy, social work, podiatry, counseling, and sports rehabilitation worked collaboratively in the homes to address the residents' individual goals. We found that care homes provided students with many opportunities for interprofessional working and learning. Through better understanding the dimensions of different perspectives and approaches, students improved their education and transformed their perceptions of aged care. Having a diverse range of professionals allowed staff to gain insight into the latest evidence-based practice and address the multiple needs of the residents more holistically. Residents gained an enriched sense of meaning and purpose in their daily life by engaging in fulfilling and meaningful activities. The complexities of undertaking an IPE initiative in this setting are also considered and we conclude by proposing important avenues for future research.

Introduction

The population of the United Kingdom (UK) is rapidly aging. There are currently as many people aged 60 and over as there are aged 18 and below and, by 2024, more than 25% will be aged over 60 (ONS, 2019). It is also anticipated that there will be an increase in the number of those aged 65+ requiring a care home place, with an additional 71,000 spaces reported to be required by 2025 in England (Kingston et al., 2017). In this context, we are referring to care homes as homes that provide accommodation together with personal (and sometimes nursing) care for older people in the UK.

However, questions about the sustainability of the sector give rise to concerns about the future supply of social care provision. Demos (2014) stated that the brand of residential care is fatally damaged and that work in the sector is often viewed as a "last resort" owing to significant negative media coverage and embedded perceptions linking independence with remaining in one's own home. Indeed, the sector faces immense challenges in workforce planning and future funding which are being further compounded by the COVID-19 pandemic (King's Fund, 2020). Innovative approaches are thus required to ensure adult social care services are sustainably staffed, enabled to promote collaborative practice and provide high quality, person-centered care.

Historically, health and social care students have been educated in isolation, however interprofessional training environments are increasingly seen as key to advancing health and social care systems (World Health Organisation WHO, 2010). Interprofessional education (IPE) is a critical approach for improving collaboration and quality of care, by affording students the opportunity to learn from, with and about each other's roles (Flood et al., 2014). Interprofessional training wards (IPTW's), first developed at Linköping University in Sweden, have commonly been utilized for students from different professions to learn to work collaboratively together. IPTW's generate shared knowledge, an appreciation of others professional's roles and remits and advancement of interprofessional competencies in practice whilst improving patient outcomes (Oosterom et al., 2019).

To date, however, the application of interprofessional training initiatives have been rarely trialed in non-hospital settings and few studies have explored interprofessional training in the care home environment. Those that have highlight that IPE can support the delivery of holistic, person-centered caring practice(s), increase knowledge on the specialty of aged care practice and work to increase the future care home workforce (Damsgård et al., 2018; Seaman et al., 2017).

Nonetheless, most of these studies focus their outcomes on student learning (Lauckner et al., 2018) and are not conducted in the UK. To the best of our knowledge, no studies explicitly focused on the impact IPE has on students, staff and residents in the UK care home environment. With the forecasted increase of care home residents – and the strategic importance of care homes to the delivery of appropriate health and social care – we sought to address this gap in knowledge in order to contribute to calls to improve resident outcomes, enhance interprofessional competencies and challenge negative perceptions of aged care (British Geriatrics Society BGS, 2021).

Background

The project reported here assessed the impact of a six-week interprofessional student training care home experience in Greater Manchester (GM). The study was co-produced with a steering group made up of stakeholders from programme and placement teams, academics, care home staff and health and social care leads. Through monthly meetings we utilized these networks to access and recruit three care homes in GM to take part in the initiative.

Implementation of the study occurred from October – December 2021, when seventeen students from a range of health and social care programmes were either placed in one of the three participating care homes as part of their allocated natural placement cycle or volunteered to join as part of a spoke learning opportunity. Those students that volunteered were recruited via advertisements posted on the University's virtual learning portal.

A mix of full-time and part-time students took part, with placements spanning between six and sixteen weeks. The IPE initiative itself was developed to take place at the six-week "overlap" period where all students were on placement within the home at the same time. Allocation to the care homes was based upon the needs and size of the home and determined through on-going conversations with those who worked there. Second and third-year undergraduate students and masters' students were included to ensure they were prepared with the relevant skills and experience.

In addition to completing their normal course requirements, students in each home were encouraged to work the same shift patterns as each other, to allow them to learn from, with and about each other whilst caring for a small number of residents. To further facilitate interprofessional development and reflection, students care home staff, residents, academics, and practice education facilitators (PEF's) participated in six, weekly, multi-disciplinary team (MDT) meetings during the overlap periods.

The MDT meetings utilized an action learning approach. Action learning is a: "method of learning and reflection that happens with the support of a group (or set) of colleagues working on real problems with the intention of getting things done" (Dewar & Sharp, 2006, p. 220). It is a cyclical process involving continual action and reflection that aims to give people the space to question, better understand and learn from their actions (Weinstein, 2012). In this context, the meetings, which were supervised by trained facilitators, were centered around the group working to help the residents with their own individual health and wellness goals (James & Stacey-Emile, 2019). To ensure the care home staff and residents could engage in ways that best suited their needs, a blended approach was adopted with members joining the meetings either virtually or in-person.

Method

This study adopted Heron's (1996) cooperative inquiry, a participatory research approach that brings people together to explore an issue of interest, make sense of experiences, develop new and creative ways of looking at things, and learn how to act to change things. Central to this approach is the ethos that the research should be done "*with*" people not "*on*" people and to empower rather than exploit them. Accordingly, all participants were viewed as co-researchers and contributed to decision making at all stages of the project.

Participants

Of the seventeen students involved in the initiative, fourteen were recruited to take part in the evaluation via posters and e-mails. Three care home managers, six care home staff and eight residents also formed the participant base. The recruitment of residents took place once care homes had agreed to participate and was supported by care home staff who ensured participating residents were able to fully consent themselves. Ethical approval was obtained from the University of Salford.

Some of the students had previously undertaken prior IPE learning initiatives (such as simulations or project work), others had not yet had any involvement with IPE. For all fourteen students involved in the evaluation, it was the first IPE experience they had undertaken in a care home setting. The students were drawn from: Physiotherapy ($n = 2$); Social Work ($n = 1$); Nursing Adult ($n = 2$); Nursing Mental Health ($n = 1$); Counseling and Psychotherapy[1] ($n = 3$); Podiatry $n = 2$; Sports Rehabilitation ($n = 2$); and Prosthetics and Orthotics ($n = 1$). Table 1 outlines the students placed within each of the homes:

Data collection

Fifty-seven semi-structured interviews were undertaken with the residents, care home staff, students, and advisory group members over a period of five months. These gathered reflections on their experiences at different times during the project. Students were also invited to keep a diary that was subsequently used for elicitation in the interviews. Due to shifting COVID-19 guidelines some of the interviews were conducted face-to-face and others virtually. Quantitative data were collected by administering a questionnaire to students pre and

Table 1. Student Allocations.

| | Student profession | Number of students | Attendance | |
			Volunteer	Natural Placement
Care home 1	Counselling and Psychotherapy	1		√
	Podiatry	1	√	
	Nursing Adult	1		√
Care home 2	Nursing Adult	1		√
	Prosthetics and Orthotics	1	√	
	Sports Rehabilitation	1		√
	Physiotherapy	2		√
	Counselling and Psychotherapy	1		√
Care home 3	Nursing Mental Health	1		√
	Podiatry	1	√	
	Sports Rehabilitation	1		√
	Social Work	1	√	
	Counselling and Psychotherapy	1		√

post placement (*n* = 13). The questionnaires were developed to measure AGEIN perceptions scores (Nolan et al., 2006) in order to better understand their attitudes toward – and perceptions of – working with older people. They were scored in a standardized way as to allow for statistical analysis. This paper reports solely on our qualitative findings. For an overview of qualitative interviews see Table 2:

Data analysis

We utilized a deductive approach to analysis as we coded the data relative to a pre-specified conceptual framework that had been developed previously by the research team (Hubbard et al., 2022). The analysis was thus focused on providing a detailed analysis on a particular aspect of the dataset interpreted through a particular lens. Specifically, in utilizing this conceptual framework, we worked to draw out the core experiences of those involved and organize them into the four thematic domains of a collaborative care home experience: (1) Knowledge; (2) Skills (3); Personal development; and (4) Models for future delivery. Two researchers (SK and MS) read, reread and coded the transcripts and a consensus meeting was held to resolve any discrepancies. Codes were organized into subthemes for each participant group (students, staff, and residents) and then categorized into the four pre-established themes, which was discussed with and checked by the rest of the research them; please see Table 3 for an overview.

Results

Knowledge

Students

The initiative was reported to better equip students for future interprofessional and collaborative practice through knowledge building and sharing. Students valued the knowledge gained and felt they had a better understanding of diverse approaches, priorities, and perspectives to care. Knowledge was enhanced through interactions with other students, staff and residents, and recognized to be something they could take forward and use in their future careers.

Some students had an initial reticence around IPE, which spoke to the embedded nature of silo attitudes toward professional growth. However, on placement, all students believed that IPE had a meaningful and valuable role in their knowledge development. This was not only grounded in the positive influence it had on their own progression, but also in being able to see the impact it had on residents and care home staff. Providing enriched care as a team was a source of pride for the students and learning how to successfully manage their own caseload and overcome challenges as a team allowed them to "see their worth" and develop more faith in their knowledge.

> " … When I look at his care plans, I saw that like his daily notes, nursing notes, he said he's not sleeping […] so there was literature that I found out, about the use of pillow, the use of mattress, to support his side, where the stroke is. So, which I give to the management, and they were happy about it. So, it is a joy for me, you know, seeing that I was able to learn and that my research or my participating is able to help (resident name)." [Student-nu3, interview 3]

The knowledge acquired enabled students to better understand their own role as well as the role of others. They voiced an enriched awareness of similarities and differences between professional groups and valued the ability to better recognize their own strengths and limitations. As one student said: *"I think it's very valuable to get the sort of insight into the roles that other students and the people who are working in the care home as well, what they can bring to your role and how that can work with you … "* [Student-pr1, interview 2]

Students appreciated that from working collaboratively they gained knowledge about the value of holistic person-centered caring practices. Exposure to different or new aspects of care informed their knowledge of caring for the "whole" person and enabled them to see residents as individuals, rather than patients' or a diagnosis. One student noted: *"I can … go in*

Table 2. Participant interviews.

	Pre-placement Interview		Mid-placement interview		Post-placement interview	
Students	√	*n*=12	√	*n*=9	√	*n*=11
Care home managers	√	*n*=3			√	*n*=3
Care home staff					√	*n*=6
Residents	√	*n*=5			√	*n*= 4

Table 3. Analytic themes

	Students	Staff	Residents
Theme 1: *Knowledge*	• Knowledge building • Positive impacts • Knowledge of self • Person-centred care	• Access to knowledge • Circulating knowledge • Unexpected knowledge	• Enhanced care • Mental wellbeing • Learning and encouragement
Theme 2: *Skills*	• Confidence • Listening • Communication • Autonomous practice (and barriers to)	• Space to grow • Teaching and coaching abilities • Supervision apprehension	
Theme 3: *Personal Development*	• Intergenerational connectedness • Resilience • Changed perceptions of social care	• Attitude to care • Attitude to innovation • Attitude to professional groups	• Social connectedness • Meaning and purpose
Theme 4: *Models for Future Delivery*	• Emotional labour • Silo thinking • Input uncertainties	• Accessing professions • Inductions	• Continued care • Implementation flexibility

the directions that the patient wants it to go . . . now I realize it's got to be patient centered." [Student-pr1, interview 3]. The MDT meetings in particular were felt to provide space to foster this knowledge development. While initially considered daunting to have staff, academics and facilitators present, it was recognized that continually reflecting and feeding back to the group enabled them to better "get to grips with them (the residents) and their needs" [Student-po2, interview 2].

Care home staff

Care home staff felt their involvement offered meaningful opportunities for learning through knowledge sharing. Often, they expressed frustration that long waiting times to access community health teams could hamper their efforts to meet the diverse needs of the residents. Having different professional groups available on-site was therefore significant in how staff could develop their understanding of the latest evidence-based practice. This knowledge gained was felt to effectively inform their experiences of treatment planning, problem solving and day-to-day resident care.

> I think it was really beneficial for everybody because everyone's really learned from having them on site, from the projects that they've done and what they've found and then we could go back and say, look, let's try this . . . " [Staff-31, interview 1]

This was important in how it enabled staff to circulate this knowledge within their care home to ensure all staff could improve their practice. One staff member reported: "*I think it's been good because obviously it's furthered my knowledge so then I've been able to pass that knowledge on to my colleagues as well that are working more directly on the floor with the residents.*" [Staff-31, interview 1]

Their learning fed into their existing knowledge base and also introduced new and unexpected insights into care. The latter was exampled at one care home when a particular reablement approach provided by the Sports Rehabilitation student was felt to introduce a new "way of thinking" [Manager-2, interview 2] into the home.

Residents

Enriched knowledge was reported to positively impact the health and wellbeing of the residents in diverse ways. Managers often reported positive outcomes associated with the resident's physical health, including new activities, exercise programmes, footwear, and the introduction of specialist equipment. As one staff member noted: "(*Student) did introduce some massage therapy and I think that really benefitted in particular (resident), so I will take that onboard and look at that for the future.*" [Staff-33, interview 1]

Changes in practice also benefitted the resident's mental health. They often reported feeling "brighter" [Resident-21, interview 2] and discussed how new activities, regimes and equipment allowed them to feel more independent and fulfilled. One manager recognized this shift in a resident who had struggled emotionally with the transition to a care home:

> "The previous meetings I'd (care home manager) been in, he (resident) was extremely depressed, very down and then the one I went in, when they'd (students) had been doing some exercise work with him,

his mood was so different. And I commented on it, I said 'Crikey, that's really brilliant.'" [Manager-3, interview 2]

In addition, residents expressed that the students' presence helped to motivate them to stretch their abilities and test themselves, as well as develop their own knowledge of diverse approaches to exercise and well-being. They spoke of learning new techniques and feeling more compelled to move around and engage in different strategies when the students were there to do it with them. One resident said: "*When you're on your own in the home, you don't always do the exercises . . . so you really need somebody with you saying lift that arm.*" [Resident-23, interview]

Skills

Students

The initiative also contributed to the development of skills which supported the student's future employability. Students developed their professional identities through learning from, with and about other professions and, though initially uncertain about their contribution, reported feeling clearer and more confident about their role within an MDT team at the end of the initiative.

Students also recognized that they improved their listening techniques and better understood the importance of active listening in a caregiving role. One student, for instance, reported learning how crucial this was in efforts to "understand what other people can contribute to the resident's overall well-being." [Student-pr1, interview].

Related to this, the initiative enabled the students to practice and enrich their communication skills. Students voiced that they could better communicate with diverse groups and individuals with different cognitive needs. Their involvement helped them to understand different professional terminologies and communicate them effectively in a new environment.

> "I'd say definitely it has developed my skills in communication . . . I think communication is a core skill where it's one of them you can always improve on . . . communicating with patients who've had stroke and stuff like that." [Student-ph1, interview]

The care home as a learning environment also helped the students to develop their autonomous practice, which was expressed to have been hampered by COVID-19 given it had limited their placement experiences. Students also recognized that in fast-paced settings practice supervisors did not always enable time for reflection or encourage them to stretch their individual knowledge and skills. Two students, for instance, spoke about developing their clinical decision making and critical thinking skills by spending time with a resident and having the space to research different Physiotherapy approaches with the support of staff and their long-arm practice supervisor.

> "I got better at the treatment side of things . . . it allowed us to do our own thing and, yes, it was nice to have that autonomy and just being able to go and see the residents throughout the day and put together our own treatment plans." [Student-ph2, interview 3)

Notably however, navigating power dynamics was a significant challenge for students, particularly at the start of the initiative. Students displayed a hesitance about implementing new practice with the care home given they were conscious of respecting

the expertise of staff and their "position on the ladder" [Student-cp1, interview 2].

Staff

Staff reported developing their skills through involvement in the initiative. Having "more hands on deck" [Staff-11, interview 1] not only helped in the provision of care but gave them the time and space to reflect on their own practice with residents. One staff member noted that this in itself allowed them to focus on their "own growth" [Staff- 13, interview 1].

They also discussed developing their teaching and coaching abilities in particular. Supporting students was a relatively new experience for those involved, and they described it to be a process of "growing together" with the students [Staff-11, interview 1].

> "They've (staff) really enjoyed supporting, instructing and teaching where appropriate." [Manager-1, Interview 2]

Yet, developing and putting this skill into practice was not always easy. Staff expressed initial concerns about having enough time to effectively support the student cohort and certain professional groups, which spoke to their complexities of navigating different supervisory networks and systems.

> "I hope I don't let them down by not having enough time for them." [Manager-2, interview 1]

Personal development

Students

Students also recognized that they had developed skills that could be carried over into their personal life. The positive relationships they had formed, and their interactions with diverse groups, were often recognized to improve their interpersonal skills more broadly. For some, interacting with older people was a new experience and they reflected on how the initiative dismantled perceived generational barriers and taught them "wider life lessons" [Student-nu2, interview 3] about connectedness and communication.

> "You learned loads from them, they just want to talk. They just literally tell you so many stories. And … yeah, it was just a real eye opener." [Student-sp1, interview 3]

Students felt that the experience taught them to build resilience by learning to negotiate a different environment, model of learning and working autonomously as well as interprofessionally. One student for instance felt they had learned that: "Life's full of ups and downs and things that you don't particularly want to do or don't feel confident in doing, and it's about overcoming that, isn't it, putting yourself out there?" [Student-po1, interview 1]

Further, the experience reshaped students' perceptions of the care home sector. Prior to starting their placement, most students voiced concerns about their placement that were reflective of negative societal attitudes toward care homes and care-home work. Despite this, it was felt among all students, that the initiative challenged these perceptions and transformed their understanding of working in this environment. Students increasingly looked forward to interacting, getting to know, and providing care for the residents and, in some cases, felt the sector was now a possible site of future employment.

> "That knowledge, I am going to take it forward to be honest. I am thinking of getting work at the care home now." [Student-nu2, interview 3]

Care home staff

Hosting students created an empowering, challenging, and stimulating environment that encouraged the staff's personal growth. Staff frequently expressed that the experience had, at times somewhat unexpectedly, changed their attitudes toward caring for people, as one participant examples below:

> "I'd looked after both of these residents, so I thought I knew them quite well but to get input from other professions, like I say, to look at things in a more holistic in-depth approach, I think that's really helped me the look at things and residents in a more holistic fashion as opposed to what you see there. The reasonings behind it, how it's developed into this, you know, how do we move forward. I think it's just sort of changed my mind set on how I look after people" [Staff-31, interview 1].

While staff also initially hoped that involvement would enable them to implement innovation and the delivery of person-centered care in their own home, at the end of the initiative they placed more value on actively contributing to the wider agenda of establishing good practice in the sector. Being part of a research project was a new and important experience that enabled them to feel rewarded and that their opinions mattered.

The "unknown" of having a student from a non-traditional professional group could also create preconceived assumptions around the value they would bring for staff, however these assumptions were often challenged throughout the process, and they reported developing a "richer understanding" [Staff-31, interview 1] of more diverse professions and their purpose in the care home setting. For instance, questions around the suitability of Sports Rehabilitation was discussed originally, but by the end of the initiative but at the end it was recognized that the profession "complimented" [Manager-2, interview 2] the care home setting well.

Residents

Key to the resident's experience was how the initiative encouraged and promoted their social connectedness. Residents often reported that others in the home had different needs and abilities to themselves, which led to experiences of them feeling being "out of place" and disconnected socially. For the residents then having someone to listen and talk to could be regarded the highlight of their engagement. For example, where one resident felt they "were not in the right place" they reported that "the best thing about it was, I think that (the students) did come, and they did, just, listen." [Resident-31, interview 2]

Some residents had struggled to acclimatize to living in a care home and found it hard to come to terms with changes to their level of independence. A protracted period of isolation during COVID-19 was felt to compound this regarding the impact it had on their ability to engage in activities that

enriched and fulfilled their lives. Staff highlighted that it was therefore not always easy to promote sociability among the residents and noted that they could witness the rich benefits of this enhanced social interaction: "*You can see in their body language that they are happy with them [students], they [residents] love having a chat with them.*" [Staff-11, interview 1]. Importantly, having an *interprofessional* team of students was key to this as their efforts to work with the residents on different aspects of their well-being helped the staff to overcome barriers they had faced in encouraging sociability.

> "*(One resident) can be quite reclusive sometimes, as well, so I think especially working with (students) and his mood, I think that really helped him to sort of look at things from a different perspective and become more social.*" [Staff-31, interview 1]

Granted, pre-placement some residents expressed an uncertainty about their involvement. For instance, at the start of the initiative one resident said: "I'm probably a bit nosey, want to know what's going on" [Resident-21, interview 1]. Though, at the end of the initiative they reported that they had benefitted from enhanced social engagement, noting that: "*them two lads were so cheerful you felt better just in their presence.*" [Resident-21, interview 2].

Residents also spoke about their desire to learn from the students, hoping they would "*teach them things*" [Resident-21, interview 1] and help them with their activities of daily living. Significantly, they also gained a sense of meaning and purpose and more "*hope for the future*" [Resident-31, interview 1] by contributing to the process and helping the students. As one resident noted: "*There's satisfaction talking to people and trying to help if I can.*" [Resident-22, interview 2]

Models for future delivery

Students

Students could find the transition from a silo to an interprofessional mind-set difficult and reflected on these uncertainties regarding the future iterations of such initiatives. Firstly, while it was anticipated that their placement might involve working and building relationships with people who were struggling emotionally, managing relations was often more complex than they had imagined.

> "*But I was really emotional the first time we went, and we met them because (resident) was just so negative about everything […] he hated being in the home and he wanted to get home, he wanted to be outside, I literally nearly cried all the way home after the first meeting.* [Student-po2, interview 3]

Part of their "settling in" into the experience also involved letting go of professional preconceptions and assumptions to avoid conflict. For instance, given many students had predominantly worked in ward settings, they often referred to the residents as "patients" at the start of the initiative. They had to be reminded by staff that "residents" is more appropriate. This was occasionally a point of contention, with some students opining that "patient" feels more appropriate given they were there to treat particular aspects of their health.

They also reported feeling uncertain about the input they would have in the collaborative team and found it hard to "find their place" among different professions, particularly within

the first few weeks. When looking back at this at the end of the scheme, the students suggested that more pre-placement resources about the home, the MDT meetings and social care more broadly might have supported their journey into the care home and eased their layered uncertainties.

> "*I was dead nervous before starting it, thinking why have I done this, I'm going to be rubbish, I don't know anything.*" [Student-po2, interview 2]

Staff

By the end, staff felt the initiative had provided a future way of working and learning that they were keen to continue with. Staff reported that the experience had exceeded their expectations and impacted them and the care home in meaningful and long-lasting ways. However, while staff felt the nature of IPE was transformative, some modification was required to ensure it was as inclusive and as suitable as possible for that setting.

Consideration was often paid to which professions and programmes would most benefit the home. Staff were keen that complexities around placement provisions were "ironed out" [Manager-1, interview 2] so that they could access professions that they had hoped to have on board in the pilot. In addition, staff had a shared understanding that the doubling up of professions – having two students on site from one professional group – could help collaboration both in the MDT meetings but also in the delivery of care and decision-making processes.

> "*They [placement allocation leads] couldn't work out a system of how they [students] could have been supervised, long arm supervision. So that was a little frustrating, because it would have been so good to have had a physio . . . we are doing quite a bit of reablement work on site.*" [Manager-3, interview 2]

Managers also voiced that students should be more prepared prior to starting on placement in the care home, so they were clear of their role and that their expectations could be effectively managed. Though, they were keen for this pre-placement training to be situated, or in part, within the home itself given residential/nursing care is highly context specific.

> "*Maybe, or even a half day, or not even half day, two-hour induction where they can sit in the home and just maybe observe.*" [Manager-2, interview 2]

Residents

Residents valued the student's presence in the home and were keen for them to continue their placement. Rather than this desire being framed around their physical health, they voiced a sense of loss connected to their level of interactions and the vibrancy of the atmosphere. This highlighted the importance of ensuring students continued to be placed within the home to maintain the psychological and physical wellbeing of the residents and their development.

> "*He (resident) really, he was devastated when they've (students) not been coming in. Because he really felt that that benefitted him.*" [Staff-33, interview 1]

The length and frequency of the MDT meetings was also reported on by the managers, with one noting that their residents would benefit from longer meetings to ensure each individual had enough time to share their voice and experiences. Another suggested that meetings every fortnight would enable the students to spend more time to reflect and research their MDT activities, as well as spend time with the residents outside of a more "formalized" meeting environment. This points to the importance of ensuring the process is not designed as "one size fits all," rather, is flexible to respect the diversity of care homes and lives of those within them.

Discussion

The outcomes and experiences reported here demonstrate that IPE activities can be beneficial to care home residents, staff and students. Staff could tend more effectively to the unique capacities and needs of the residents and go on to circulate this knowledge within their teams. Whilst students' experiences reflect wider literature (Kinnair et al., 2014; Lawlis et al., 2014) that detail the uncertain and unsettling process of adopting an interprofessional mind-set, by the end of the initiative, students valued that their experiences of professional knowledge sharing enabled them to understand important new perspectives, approaches and priorities to care.

The care home environment facilitated students in gaining knowledge around the true meaning of a person-centered approach, with students stating they now understood the value and how to provide "whole person" care (Lauckner et al., 2018). In line with Mason et al. (2021), the study also highlighted the need for reflective approaches to knowledge development, with MDT meetings reported to be important in the participants ability to engage in – and enjoy – knowledge sharing.

Students became more ready to practice in an interprofessional manner and develop core skills they could utilize within the workplace (Greenstock et al., 2013). Working together, students developed their confidence, leadership and communication abilities and become more familiar with the value of their own autonomous professional practice. For staff, having different student professions in the care home created more capacity, and in turn, an environment that gave them space to work on their own skill development. Further, caring about and spending time developing the student's skill set enriched their own teaching and coaching competencies.

Students gained an enriched understanding of the value of intergenerational bonds and enhanced their interpersonal skills (Spiteri, 2016). Spending time working and learning in this setting also shifted their perceptions of care work, and students felt that it was a more vibrant, challenging and stimulating career path than previously imagined. Residents, whilst passionate about their physical wellbeing, felt the sociability and sense of meaning and purpose they gained was the most crucial aspect of their experience (Drageset et al., 2017). For staff, taking part in the IPE process transformed their perspectives about working with non-traditional professions, and, importantly, their attitudes toward person-centered care strategies.

While all those who participated believed the initiative has benefitted them in meaningful and long-lasting ways, engagement in the process of IPE was not always easy. Participants experienced uncertainties regarding the initiative and their role within it, and initial concerns about engagement were often raised. These challenges were felt to offer valuable learning opportunities in how to successfully implement IPE in care home settings moving forward. This included the value of a pre-placement training module for students to support their journey into the care home; the necessity of work around long arm supervision for Allied Health Professionals to ensure the effective support of non-traditional professional groups; and the importance promoting a continuity of student placements to ensure the quality of care over time.

This study highlights that health and social care should harness but not romanticize the power of IPE – transforming practice will not happen overnight and change is dependent on the culture and context in which it is implemented. Fostering innovation and cultivating collaborative practice involves a challenging and complex process of embracing and working through new ways of thinking and working (Kings Fund, 2016). The active integration of all staff members into the learning environment is vital to run an effective interprofessional placement initiative where hierarchy is minimized and interconnectivity is promoted. It should also be reemphasised there is no "one way" IPE model that can be applied to all health and social care settings. Different learning programmes and approaches to IPE are needed to ensure diverse groups can benefit in meaningful and appropriate ways. While IPE offers a unique opportunity to prepare and strengthen the future workforce, it should not be pictured as the only solution to systemic and ongoing issues within social care; a strong infrastructure needs to be in place for such innovation to continue to grow and flourish (BGS, 2021).

Limitations

This initiative was not without challenges and limitations. It was based on a small cohort of students undertaking one cycle of IPE, and there was a relatively small number of individuals from each profession involved, which limits the generalizability of its findings. Whilst we recognize that residents are not passive recipients of this learning model, rather an active and integral part of it, data around this groups own skill development was not captured; likely due to the length of the initiative and the necessity to conduct interviews virtually. These are important avenues for future research if we are to adequately understand the long-term impact of IPE in this setting and provide a robust undergraduate care home placement delivery model that improves resident outcomes, promotes person centered care, enhances interprofessional competencies and continues to challenge negative perceptions of care-home work.

Conclusion

This paper discussed the experiences and outcomes of an IPE initiative within three care homes. The initiative was developed

on the premise that care homes are a fundamental part of the UK health and social care system and should not be viewed as the last resort for those that live there and work there. The care home is an ideal learning environment for student learning; the complex and multiple needs of residents provide opportunity for students to share their specialist knowledge and skills and learn about the true meaning of interprofessional education. With findings also demonstrating the beneficial impacts IPE has on care home residents and staff, this study therefore offers insight into a model of practice that encourages active learning, positions residents as active recipients of care and promotes care-home work as an exciting and rewarding career.

Note

1. Counseling students were recruited and completed their placement but could not be involved in IPE group activities/the evaluation due to the nature of their professional and ethical guidelines.

Disclosure statement

No potential conflict of interest was reported by the authors.

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