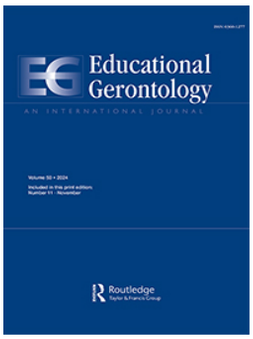

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The impact of interprofessional student training initiatives in older adults' care home settings: A scoping review

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ABSTRACT

Interprofessional education (IPE) initiatives, where students from multiple professions learn from, with and about each other, have been implemented in various care environments. However, no reviews have examined the impact they have in older adult's care home settings, despite their potential to enhance care quality. This review scopes out the available and comparable evidence reporting on the impact and structure of IPE initiatives based in the care home sector. The review aims to report countries and settings where IPE research is conducted in care homes, characterise these IPE programs (length, type, and activities), determine the professional groups involved, and assess the impact of IPE on students, residents, and care home staff. The search was limited to articles published in English from January 2010 to July 2023. Key databases and gray literature were searched, resulting in the inclusion of 10 studies. A draft charting table was developed to record key characteristics of the included studies. Thematic analysis resulted in the construction of four themes: knowledge, skills, personal development, and models for future delivery. Literature demonstrates the benefits of IPE initiatives in older adult's care home settings, though it mainly focuses on student learning and development. Few studies examine the impacts of IPE on staff or residents, and there is limited emphasis on IPE in UK care homes. Further research is also needed to understand its longer-term implications in this context.

Introduction

Interprofessional education (IPE) consists of students from different health and social care-related professions learning 'from, with and about each other to improve collaboration and the quality of care' (Freeth et al., 2005, p. 17). When students recognize how to work interprofessionally, they are better prepared to enter the workplace as a member of the collaborative practice team. In this way, it is often regarded a key stage in advancing health and social care systems from fragmentation to a position of strength (Gilbert & Hoffman, 2010). IPE learning goals primarily focus on roles and responsibilities, ethics, conflict resolution, communication, and collaboration (World Health Organisation [WHO], 2010). These should inform the design of both formal and informal IPE activities. Informal interactions, such as shared reflections on collaborative work, can enhance communication, confidence, and expertise. Formal IPE, on the other hand, is structured to develop students' attitudes, knowledge, skills, and professional behaviors (Stephens & Ormandy, 2018). IPE can be integrated into curricula through

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extracurricular or embedded models (Grace, 2021). Extracurricular IPE, often elective or 'bolted on' (p. 774), is readily implemented but less comprehensive. Integrated IPE is embedded throughout a curriculum, requiring significant curricular redesign but offering more in-depth learning opportunities.

Selecting appropriate theory for IPE is challenging due to a lack of 'gold standard' frameworks (Hean et al., 2018, p. 553). Theory choice is often influenced by IPE's focus, such as design, delivery, or learning experience. Theories like appreciative inquiry, contact hypothesis, and cognitive dissonance can guide IPE planning, management, and governance, and are often combined to justify learning outcomes and delivery methods. To support student experiences, a variety of theories have been employed, including constructivist and social constructivist learning theories, and intergroup processes.

Maddock et al. (2023) realist review of 12 articles identified learning design elements of IPE activities beyond commonly reported attributes (e.g., duration, group size, profession composition, year levels, activity types, facilitator expertise). They highlighted 'interdependence' – the need for genuine contributions from all professions – and 'embodiment' – experiencing firsthand the realities of professional practice through authentic scenarios – as crucial to enhancing IPE effectiveness (p. 173). This resonates with the work of Stephens and Ormandy (2018) who examined the impact of IPE on the affective domain development of students. Beneficial outcomes include better teamwork, interprofessional collaboration and understanding of roles and responsibilities (Gonçalves et al., 2021), though further assessment requires more robust instruments to measure changes in attitudes.

To meet future workforce demands, there is a growing demand for more sustainable and authentic IPE activities that bridge theory and practice while fostering strong partnerships between academia, health, and social care sectors (Naumann et al., 2021). Developed in Linköping University in Sweden, interprofessional training wards (IPTW) have commonly been used as an important learning site for students from different disciplines – such as nursing, physiotherapy, podiatry, social work, and occupational therapy – to develop a mutual understanding, share knowledge and improve their interprofessional competencies in clinical practice. A systematic review of 37 articles across 12 (clinical) organisations by Oosterom et al. (2019) concluded that IPTW programs also show promising results in patient satisfaction rates as well as student outcomes, recommending further research on the types of wards, student qualities and long-term impacts.

However, the application of IPE in **social care** settings is novel, with research and evidence on the impact still emerging. This is despite environments such as care homes, residential homes, and comfort care (palliative) homes being uniquely suited to IPE opportunities (given the complex health and care needs of residents provide the ideal context for a collaborative experience [Bridges et al., 2011]). IPE student training schemes, programmes and projects have been piloted in a variety of care settings in countries such as England, Norway, Canada, and Australia, where activities include shadowing, team meetings, projects, resident assessments and care plans with positive reported outcomes on student learning (Bridges et al., 2011; Lauckner et al., 2018; Seaman et al., 2015; Svensberg et al., 2021). Evidence indicates that IPE in these environments can enhance students' understanding of diverse care practices (Lauckner et al., 2018), foster stronger social connections between young people and the aged population (Seaman et al., 2015), and develop students' expertise in aged care (Seaman et al., 2017). There are hitherto no reviews that have synthesised the impact that IPE initiatives have on all 3 groups involved: residents, staff, and students. This paper presents the results of a scoping review of post 2010 literature about interprofessional education schemes, programmes and projects conducted in care homes.

The demand for adult social care is projected to increase significantly and the sector faces significant challenges around understaffing and underfunding. Research focused on care homes is therefore imperative so that stakeholders can develop and evaluate new and innovative models of social care delivery in the care home environment. Increased knowledge of IPE care home initiatives will allow for more understanding of how interprofessional models of care can be best implemented to

improve resident outcomes, support holistic practice, enhance interprofessional competencies and challenge negative perceptions of aged care.

For the purpose of the ensuing review, the researchers have utilised the definition of a care home as described by Sanford et al. (2015) which is:

> . . . a facility with a domestic-styled environment that provides 24-hour functional support and care for older persons who require assistance with activities of daily living and who often have complex health needs and increased vulnerability. Residency within a nursing home may be relatively brief for respite purposes, short term (rehabilitative), or long term, and may also provide palliative/hospice and end-of-life care. (p. 183)

A scoping review was conducted to explore the landscape of IPE in care homes. Specifically, the review aimed to identify countries and settings where IPE research is conducted in care homes, characterise these IPE programs (length, type, and activities), determine the professional groups involved, and assess the impact of IPE on students, residents, and care home staff. This approach aligns with the core purpose of scoping reviews: to map the existing evidence, examine how research is conducted on a certain topic or field, identify knowledge gaps, and inform future research (Khalil et al., 2016).

To establish an inclusion criterion for the scoping review, the Population, Concept and Context (PCC) mnemonic guide was used (Peters et al., 2020). The population(s) to be studied was residents, staff and students, the concept was that of interprofessional training/education in care homes in high-income countries and the context was in older adult's care home settings. Incorporating these elements of the PCC, one primary research question was developed:

> What is the impact and structure of interprofessional training initiatives when conducted in care home settings in high income countries?

Research design and methods

Study design, protocol and registration

The Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA ScR) checklist and a PRISMA ScR statement were used to guide the review process (Page et al., 2020; Tricco et al., 2018). Peters et al. (2020) overview of best practice and scoping review guidelines was also utilised. A research protocol for this review was not developed, given scoping reviews are not able to be registered with the International Prospective Register of Systematic Reviews (PROSPERO). However, it is recognised that JBI Evidence Synthesis or platforms such as Fig share and Research gate could have been considered (Peters et al., 2020).

Eligibility criteria

The search was restricted to studies published between January 2010 and July 2023 to ensure the inclusion of current and relevant research, and only English-language studies were considered. We focused on high-income, industrialised countries comparable to the UK (Dayan et al., 2018). According to the World Bank (2023), a high-income economy is defined as having a gross national income per capita of US$14,005 or more in 2025. Table 1 documents the inclusion and exclusion criteria below.

Information sources

CINAHL (EBSCO), Medline (EBSCO), PubMed, and Science Direct were systematically searched between 30th November and December 2, 2021. The search was repeated on December 9, 2022, and July 27, 2023. Grey literature was searched for on BritZetoc, Gov.UK, Open Grey, the British Library, Bielefeld Academic Search Engine (BASE) and Ethos. Additional hand searching was undertaken in the Journal of Research in Interprofessional Practice and Education (JRIPE), the International Journal

Table 1. Eligibility criteria.

Criteria	Inclusion	Exclusion
Year of publication	2010–2023	Before 2010
Language	English	Other languages
Type of source i.e. primary research, reviews, non-empirical evidence	Systematic review Literature review Narrative studies Evaluations Empirical research Randomised controlled trials (RCTs) Grey literature e.g. guidelines	Editorial letter Opinion papers
Placements	Care homes Residential homes Nursing homes	Hospital wards Outpatient departments Clinics Simulations Community care settings
Study focus	Papers from high-income, industrialised countries comparable to the UK. Using care, residential, or nursing homes to evaluate interprofessional education experiences.	Papers from all other countries. Research evaluating IPE **outside** of older people's care home settings.

Table 2. Search terms.

Interprofessional	Student	Placement	Care home
Interprofessional	Student	Placement	Care home
Inter-professional	Undergraduate		Residential home
Multidisciplinary	Learner		Nursing homes
Multi-disciplinary			Rest home
Interdisciplinary			Convalescent home
Interagency			Retirement home
Collaborative			Assisted living

of Practice-Based Learning in Health and Social Care, the Journal of Interprofessional Education & Practice, the Journal of Interprofessional Care, as well as in the Social Care Online, and the National Institute for Health and Care Excellence (NICE).

Search strategy

Keywords were used to retrieve relevant sources using Boolean operators AND/OR. Synonyms were also used. Selected articles were saved to endnote for screening. Table 2 provides a visual of the search terms and the search string used can be seen below:

Interprofessional OR inter-professional OR multidisciplinary OR multi-disciplinary OR interdisciplinary OR inter-disciplinary OR interagency OR interagency OR collaborative AND student OR undergraduate OR learner AND placement AND 'care home' OR 'residential home' OR 'rest home' OR 'convalescent home' OR 'retirement home' OR 'assisted living'.

Selection of evidence

Duplicates were removed and 2 independent reviewers screened the titles and abstracts of the papers applying an inclusion and exclusion criteria (Table 1). If there was doubt about the content of the study, the abstract or full-text article was screened and discussed with a third author until consensus was reached. For example, 2 papers were conducted with registered professionals and not students (Burger et al., 2018; Tsakitzidis, 2018) and 3 papers did not involve multiple professions (Heyerdahl et al., 2020; Lucas et al., 2015; Radford et al., 2020).

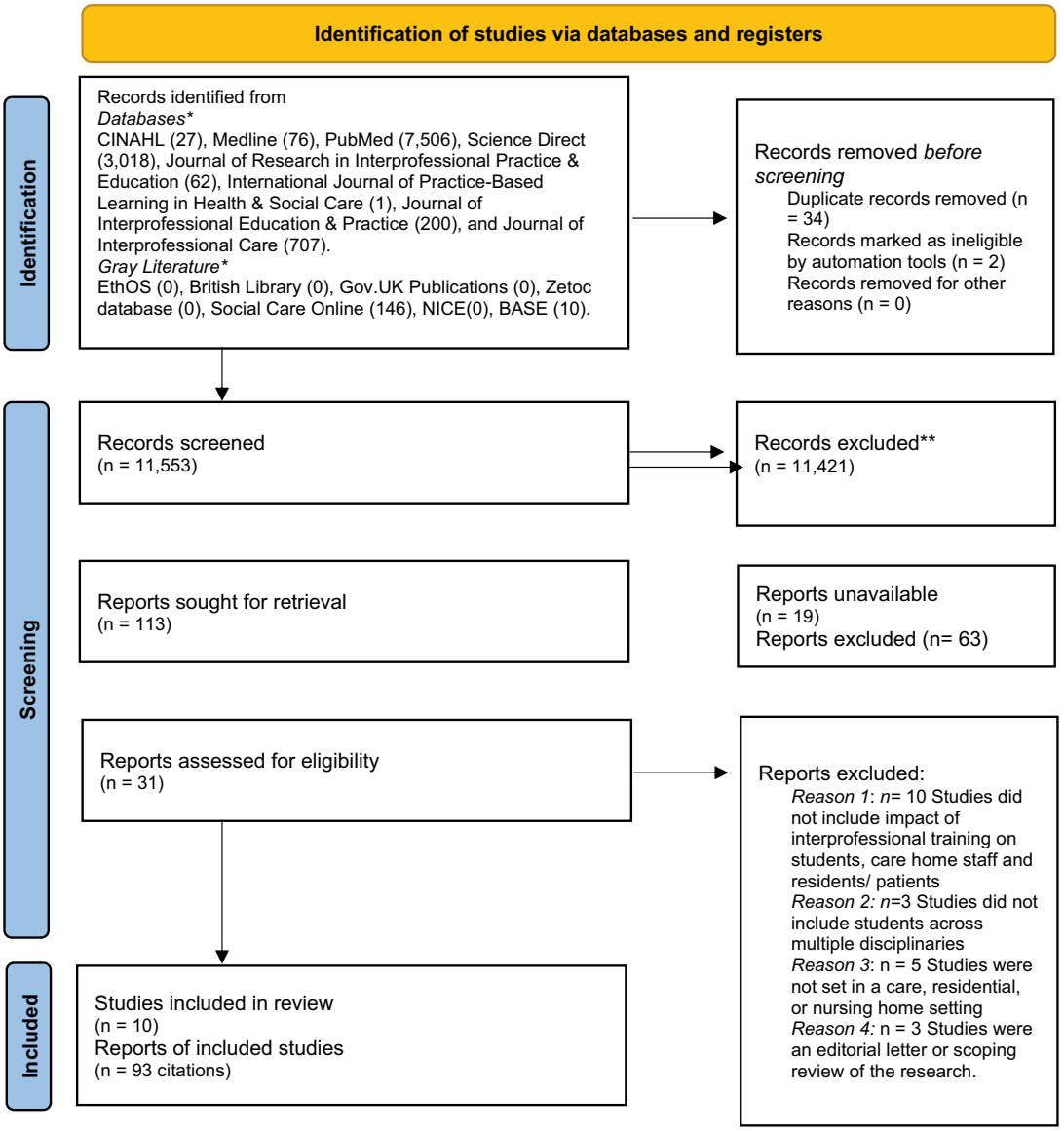

Figure 1. PRISMA ScR (Tricco et al., 2018).

We included mixed methods, quantitative and qualitative studies. We intended to scope an understanding of the impact IPE has on residents, staff, and students, whilst also garnering insight into the types of activities that characterise optimal IPE experiences.

The findings of the search are presented in Figure 1 (PRISMA ScR Flow Diagram). Ten papers were taken forward for critical appraisal and analysis.

Data charting process

A draft charting table (Peters et al., 2020) was developed (see Table 3) as part of the review to record characteristics of the included studies and key information about their relevance to the population, concept and context. Data was extracted by the lead reviewer in line with recommendations made by

Table 3. Draft charting table.

Authors & objectives	Bondevik et al. (2015) Studied self-reported experiences from Norwegian health care students participating in interprofessional workplace learning in primary care.	Damsgård et al. (2018) This pilot project aimed to describe how two interprofessional groups of students approached pain management in two nursing home patients.	Kelly et al. (2023) Assessed the impact of a six-week interprofessional student training care home experience on students, resident and staff.	Lauckner et al. (2018) Describes Interprofessional Team Experiences in an academic nursing home and discusses the IPE curriculum and student outcomes.	Lawlis et al. (2016) Assess student attitudes towards collaboration after active involvement in an interprofessional education program.	Mason et al. (2021) Reports on development, implementation and evaluation of a project to develop students' employability skills from work experience within a care home.	K. Seaman et al. (2017) Investigates the impact an IPE placement in residential aged care facility has on students.	K. L. Seaman et al. (2015) The aim of this study is to determine the impact of an IPE program within a RACF on residents and staff.	Svensberg et al. (2021) Explores graduate students' experiences of working practice based in interprofessional teams with complex patients' care needs in nursing homes.	Weisse and Melekis (2021) Describes an IPE program where undergraduate students serve as surrogate family members to terminally ill residents of comfort care homes (palliative).
Define IPE	Yes- CAIPE definition	Yes – CAIPE definition	No	No	Yes – CAIPE definition	No	No	Yes- CAIPE definition	No	No
Qualitative/ Quantitative	Qualitative	Qualitative	Qualitative	Mixed	Mixed	Qualitative	Mixed	Mixed	Qualitative	Mixed
Methods	Reflective notes	Observations/field notes	Interviews	Evaluation, focus group, interview	Survey, debriefing session	Evaluation forms	Questionnaire, RIPL scales	Focus group, interview, survey	Focus groups	Pre/post surveys, reflective journal, questionnaire
Country	Norway	Norway	UK	Canada	Australia	UK	Australia	Australia	Norway	USA
Length of activity	Not specified	One day	6 weeks	Four to six weeks	3 weeks	Not specified	2-13 weeks (placement length)	2-6 weeks (placement length)	Two days	8 weeks
Type of activity	Interview and examine patients and write an individual treatment plan	Examining a patient with chronic pain and developing pain management plans, a final report and attending a case conference	Multidisciplinary team meetings using action learning approach to work on resident's person centred goals	Weekly group meetings to conduct resident assessments and care plans, shadowing and team meetings	Nutrition focused project work	Information sessions and student planned activities (such as games and manicures)	Leading resident therapy programmes, delivering information sessions for staff, participating in interactive collaborative case discussions, and general practitioner resident visits.	Providing care including working together on clinical assessments, case studies, ward rounds and training sessions.	Groupwork to develop care plan	End of life workshop, online learning curriculum, training meeting and becoming a surrogate family member providing 30 hours of direct care

(*Continued*)

Table 3. (Continued).

Authors & objectives	Bondevik et al. (2015) Studied self-reported experiences from Norwegian health care students participating in interprofessional workplace learning in primary care.	Damsgård et al. (2018) This pilot project aimed to describe how two interprofessional groups of students approached pain management in two nursing home patients.	Kelly et al. (2023) Assessed the impact of a six-week interprofessional student training care home experience on students, resident and staff.	Lauckner et al. (2018) Describes Interprofessional Team Experiences in an academic nursing home and discusses the IPE curriculum and student outcomes.	Lawlis et al. (2016) Assess student attitudes towards collaboration after active involvement in an interprofessional education program.	Mason et al. (2021) Reports on development, implementation and evaluation of a project to develop students' employability skills from work experience within a care home.	K. Seaman et al. (2017) Investigates the impact an IPE placement in residential aged care facility has on students.	K. L. Seaman et al. (2015) The aim of this study is to determine the impact of an IPE program within a RACF on residents and staff.	Svensberg et al. (2021) Explores graduate students' experiences of working practice based in interprofessional teams with complex patients' care needs in nursing homes.	Weisse and Melekis (2021) Describes an IPE program where undergraduate students serve as surrogate family members to terminally ill residents of comfort care homes (palliative).
Professions & numbers of students. Number of staff and residents	24 students from Medicine (7), pharmacy (6), midwifery (3), odontology (2), dental hygiene (2), physiotherapy (2), public health nursing (1), nutrition (1).	8 students 2 from each field: nursing (third year), physiotherapy (third year), pharmacy (third year), and medicine (one third-year student and one fifth-year student).	14 students from Nursing, Podiatry, Prosthetics and Orthotics, Physiotherapy, Sports Rehabilitation, Counselling	61 undergraduate students from Pharmacy, Social Work, Therapeutic Recreation and Dietetics programs, and graduate students from Speech-Language Pathology, Occupational Therapy and Nurse Practitioner programs participated. 30 care home staff, 5 physicians, five family members and 1 resident	12 students from Nursing (4), occupational therapy (4), and aged care (4).	12 students BSc (Hons) Psychology (n = 8), BSc (Hons) Nursing (Adult) (n = 2) and BSc (Hons) Social Work (n = 2). 3 care home staff	51 students from Medicine, pharmacy, physiotherapy, occupational therapy, nursing, speech pathology, social work, and dietetics participated in the student placements. 47 completed the evaluation	Occupational Therapy Nursing, Physiotherapy, Pharmacy, Medicine, Dietetics. Survey (n = 31 family and friends and 30 staff); Interviews (n = 4 family and friends and 3 residents); Focus groups (n = 14 staff and 12 residents).	21 students Six students from medicine, six from dentistry, five from pharmacy, two from advanced geriatric nursing, and two from clinical nutrition.	50 Undergraduate students majoring or interested in the health professions (e.g., pre-med, nursing, social work, psychology. Number in final evaluation unknown.
Impact on students?	Knowledge, skills and personal development	Knowledge, skills and personal development	Knowledge, skills personal development	Knowledge, skills and personal development	Knowledge and personal development	Knowledge, skills and personal development	Knowledge and personal development	Not reported	Knowledge, skills personal development	Knowledge, skills personal development
Impact on residents?	Not reported	Not reported	Knowledge, skills personal development	Personal development	Not reported	Personal development Findings reported by students and staff	Not reported	Personal development	Not reported	Not reported
Impact on staff?	Not reported	Not reported	Knowledge, skills personal development	Knowledge and skills	Not reported	Personal development	Not reported	Knowledge, skills personal development	Not reported	Not reported

Peters et al. (2020). Table 3 depicts how the included studies were categorised to show key information about their relevance to the population, concept and context. A 10% sample of extracted data was independently reviewed for accuracy, completeness and consistency.

After data extraction and mapping (Tables 3 and 4), an iterative process of thematic analysis was conducted (Khalil et al., 2016). This involved 3 of the authors independently reviewing the extracted data and generating initial codes to capture the essence of each entry. Through regular discussions, codes were constantly compared in order to seek connections and patterns across different studies. This allowed for the refinement and consolidation of the codes into 4 distinct themes that represent the impact of IPE on students, residents, and care home staff.

Critical appraisal of individual sources

All included papers were independently assessed for methodological quality by 2 reviewers, using appropriate, validated tools: (1) the Critical Appraisal Skills Programme (2019) and (2) the Mixed Methods Appraisal Tool (Hong et al., 2018). In doing so, the studies clarity, appropriateness of design, methodology and analysis, bias, context, and ethical considerations were focused on. A consensus meeting was held between 3 members of the research team to discuss areas of concern each person had flagged (for instance, those studies who had not sought ethical approval) and decided upon final inclusion. The reviewers noted that the studies were congruent given all 10 reported similar findings and these findings aligned with wider historical research concerning IPE initiatives. Some studies used methodological triangulation (using more than 1 type of data collection method) and some reported investigator triangulation (using multiple researchers to complete the analysis) (Bondevik et al., 2015; Damsgård et al., 2018; Kelly et al., 2023; Mason et al., 2021). To allow for recommendations to be made for future policy and practice, methodological limitations of the included studies were examined during the CASP and MMAT process (Khalil et al., 2016). For example, it was noted that: Only 3 studies reported on the experiences of staff and/or residents (Kelly et al., 2023; Lauckner et al., 2018;

Table 4. Papers mapped against the research question.

Paper	Care home staff	Residents	Students
Bondevik et al. (2015)			Learning; Role Identity; Relational development; Fun; Meaning; Communication
Damsgård et al. (2018)			Sharing knowledge; Interprofessional development; Enthusiasm; Communication; Role Understanding
Lauckner et al. (2018)	Hesitation; Teamwork; Broadened perspectives; Communication	Pride	Interprofessional development
Lawlis et al. (2016)			Teamwork; Interprofessional development; Learning; Communication, listening and organisation skills
Mason et al. (2021)	Feeling valued	Wellbeing; Sociability	Communication; Listening; Confidence; Organisation; Broadened perspectives; Empathy
Seaman et al. (2015)	Motivation; Sharing knowledge; Care delivery	Confidence; Giving back; Sociability; Wellbeing	
Seaman et al. (2017)			Knowledge growth; Changing views; Interprofessional development; Professional identities
Svensberg et al. (2021)			Anxiety; Tension; Broadened perspectives; Relational development
Weisse and Melekis (2021)			Personal/self empathy; Broadened perspectives; Communication; Professional development

Seaman et al., 2015); 1 study did not report how many students were assigned to the IPE activity (Bondevik et al., 2015); and the studies generally involved small student numbers (the average was 21 students in each scheme).

See the full critical appraisal table below (Table 5).

Synthesis of the results

Data synthesis was initially carried out independently by 2 reviewers, with input from a third reviewer to reach consensus where required.

Results

Study characteristics

Initially, 11,553 records were retrieved from various databases based on the research question and search strategy. Through the application of the inclusion and exclusion criteria, 31 reports were then selected for full evaluation and, following this, 21 were excluded from the review as they did not fully meet the specific eligibility criteria and/or sufficiently address the review objectives. The reasons for exclusion included inadequate focus on interprofessional education, the use of different care settings, or a lack of emphasis on older adults.

From the included studies 5 studies were qualitative and 5 were mixed method. A range of data collection methods were used. Six studies explicitly had ethical approval (Damsgård et al., 2018; Kelly et al., 2023; Lawlis et al., 2016; Mason et al., 2021; Seaman et al., 2017; Svensberg et al., 2021), 2 did not require it (Lauckner et al., 2018; Seaman et al., 2015) and 2 did not make any reference to ethics applications (Bondevik et al., 2015; Weisse & Melekis, 2021). Most studies focused on student outcomes and only 4 studies included staff and/or residents (see Table 1).

Countries and settings

Studies were reported from Norway ($n = 3$), Canada ($n = 1$), Australia ($n = 3$), USA ($n = 1$) and UK ($n = 2$). The settings were residential homes (Lawlis et al., 2016; Mason et al., 2021; Seaman et al., 2017; Seaman et al., 2015), nursing homes (Bondevik et al., 2015; Damsgård et al., 2018; Kelly et al., 2023; Lauckner et al., 2018; Svensberg et al., 2021), and comfort care homes (palliative care units) (Weisse & Melekis, 2021).

Length and type of IPE programmes, projects and activities

In the studies that identified the length of the IPE scheme ($n = 7$), student placements spanned from 1 day to 13 weeks. IPE activities encompassed a diverse range of experiences. Svensberg et al. (2021) reported students conducting interprofessional examinations and developing care plans for nursing home residents. Lauckner et al. (2018) involved students in multifaceted activities, including weekly collaborative meetings, care plan development and shadowing staff and residents. Damsgård et al. (2018) focused on chronic pain management, with students examining patients, creating pain management plans, producing a final report, and participating in case conferences. Lawlis et al. (2016) centered their IPE on nutrition for individuals with dementia, exploring dementia-friendly eating tools. Seaman et al. (2015) emphasised care delivery, ward rounds, clinical assessments, and mobility/social inclusion activities. Mason et al. (2021) facilitated social connection through student-led activity sessions, often involving games. Seaman et al. (2017) expanded student roles to include balance and pulmonary rehabilitation groups, staff education, and observing healthcare professionals. Weisse and Melekis (2021) immersed students in end-of-life care through a surrogate family member experience. Kelly et al. (2023) integrated students into multidisciplinary team meetings to achieve person-centered

Table 5. Critical appraisal table.

Paper	Location	Citations	Aims of the research	Qual/ Quant	IPE activities	Recruitment/sample
Svensberg. K., Kalleberg. B. G., Rosvold. E. O., Mathiesen. L., Wøien. H., Hove. L. H., Andersen. R., Waaktaar. T., Schultz. H., Sveaass. N., and Hellesö. R. (2021). Interprofessional education on complex patients in nursing homes: a focus group study. BMC Medical Education, 21 (1). 504.	University of Uppsala, Sweden	9	Aimed to increase the knowledge about students' experiences with IPE in a setting including patients with complex care needs in nursing homes.	Qualitative	Students were assigned to groups to examine and develop care plans for nursing home patients.	21 graduate students from the University of Oslo in Norway participated in the study: 6 students from medicine, 6 from dentistry, 5 from pharmacy, 2 from advanced geriatric nursing, and 2 from clinical nutrition. Sixteen were females and 5 were males. Median age was 25 years (range 22-42 years).
Mason. R., Hunt. R., 7 Kane. R. (2021). Inter-Disciplinary Student Work Placements within a Care Home Setting: Improving Student Employability and Developing Social Connections – A Qualitative Evaluation. International Journal of Practice - based Learning in Health and Social Care, 9 (1). 64 – 76.	University of Lincoln, UK	2	1) To implement and evaluate an interprofessional project in order to develop student employability. 2) To promote the social connectedness of care home residents.	Qualitative	Two separate information sessions prior to the students meeting the residents aimed to enhance knowledge and skills needed when caring for older adults, linking to aim 1. After informal sessions, the students planned how to create social connections and engage with care home residents, and created a formal agreement on how the project would run, linking to aim 2.	The university partnered with local care homes to recruit second and third-year health or social care students for a study. Twelve of the 51 interested students attended an information session with care home staff. Participants included psychology, nursing, and social work students, as well as key care home staff.
Weisse. C. S.,and Kelly. M. (2021). Academic-community partnerships to promote end-of-life care competencies through interprofessional teamwork. Journal of Interprofessional Education & Practice, 24.100437	New York, USA	0	To equip students with the knowledge and skills necessary to provide compassionate, interdisciplinary end-of-life care.	Mixed	Students participated in a blended learning model combining bedside care, online coursework, and weekly reflective meetings. T Students also underwent volunteer training in comfort care, including patient safety and personal care procedures. Additionally, they completed an online curriculum focused on end-of-life care.	The program targeted pre-professional health students (e.g., pre-med, nursing) in the summer before their final 2 years of undergraduate study. I It has expanded into a partnership between multiple colleges and comfort care homes, training over 50 students from eight institutions in six facilities.
Lauckner. H. M., Rak. C. N., Hickey. E. M., Isenor. E., and Godden-Webster. A. L. (2018). Interprofessional and collaborative care planning activities for students and staff within an academic nursing home. Journal of Interprofessional Education & Practice, 13. 1-4.	Dalhousie University, Canada	11	1. To increase students' interest in LTC practice2. To increase students' interprofessional competencies in the six areas identified in the Canadian Interprofessional Health Collaborative (CIHC) National Interprofessional Competency Framework.3. To explore the preliminary impacts of a collaboration-focused, academic partnership on the LTC setting (e.g., on residents, staff, and the overall culture).	Mixed	Small groups of students collaborated weekly in an academic nursing home. They conducted resident assessments, developed care plans, and observed care workers and residents to understand collaborative practice. Additionally, regular meetings were held to address resident concerns with care home and external staff.	Sixty-one undergraduate and graduate students from various healthcare disciplines (pharmacy, social work, therapeutic recreation, dietetics, speech-language pathology, occupational therapy, and nursing) participated in 9 interprofessional team experiences within the academic nursing home.

(*Continued*)

Table 5. (Continued).

Paper	Location	Citations	Aims of the research	Qual/ Quant	IPE activities	Recruitment/sample
Damsgård. E., Solgård. H., Johannessen. K., Wennevold. K., Kvarstein. G., Pettersen. G., and Garcia. B. (2018). Understanding Pain and Pain Management in Elderly Nursing Home Patients Applying an Interprofessional Learning Activity in Health Care Students: A Norwegian Pilot Study. Pain Management Nursing, 19 (5). 516-524	The Arctic University of Norway, Norway	16	Aimed to describe how 2 interprofessional groups of students approached pain management in 2 nursing home patients.	Qualitative	Conducted at a community nursing home in Tromsø in February 2015. Two teams of interprofessional students spent a day examining a resident with chronic pain and developing pain management plans.	Recruited 8 students in either: nursing (third year), physiotherapy (third-year), pharmacy (third-year), and medicine (1 third-year student and 1 fifth-year student), formed 2 teams of 4 which included 1 student from each profession.
Seaman. K., Saunders. R., Williams. E. Harrup-Gregory. J., Loffler. H., and Lake. F. (2017). An examination of students' perceptions of their interprofessional placements in residential aged care. Journal of interprofessional care. 31 (2). 147-153	Edith Cowan University, Western Australia	37	To determine the perceived impact of IPE programmes conducted in RACF on a range of health profession students in terms of attitudes towards older adults and readiness for interprofessional learning.	Mixed	Practical placements in an interprofessional education programme at an aged care facility.	Fifty-one students from 3 Western Australian universities completed practical placements at an aged care facility during 2015. These placements ranged from 2 to 13 weeks and were either mandatory or optional based on the student's university and program.
Lawlis. T., Wicks. A., Jamieson. M., Haughey. A., and Grealish.L. (2016) Interprofessional education in practice: Evaluation of a work integrated aged care program. Nurse Education in Practice, 17. 161 - 166.	University of Canberra, Australia	33	Report the evaluation findings relating to changes in interprofessional attitudes, understanding and knowledge arising from an innovative IPE program conducted in memory support households of an RACF.	Mixed	3 week pilot programme. Students worked together in aged care facility.	12 students enrolled in the IPE RACF program and all were invited to participate in the IPE evaluation. From 3 professions: 4: Advanced Diploma Aged Care, 4= Bachelor level Nursing, 4 = Master of Occupational Therapy.
Bondevik. G. T., Holst. L., Haugland. M., Bærheim. A., and Raaheim. A. (2015). Interprofessional workplace learning in primary care: Students from different health professions work in teams in real-life settings. Department of Global Public Health and Primary Care, 27, (2). 175-182	University of Bergen, Norway	40	To describe and discuss the self-reported experiences from Norwegian health care students participating in interprofessional workplace learning in primary care.	Qualitative	Groups of 4 to 5 students from different educations had their training experiences in nursing homes or public health clinics (health services for teenagers or maternity services).	Twenty-four students from health educations participated in 2012. The students from medicine (7), pharmacy (6), midwifery (3), odontology (2), dental hygiene (2), physiotherapy (2), public health nursing (1), and nutrition (1) were offered the possibility to participate in the project and volunteered.
Seaman. K. L., Bulsara. C. E., and Saunders. R.D. (2015). Interprofessional learning in residential aged care: providing optimal care for residents. Australian Journal of Primary Health, 21(3). 360-364	Western Australia	15	To determine the impact of an IPE program within a RACF on residents and staff.	Mixed	Students engaged in joint clinical assessments, case studies, ward rounds and training sessions together.	Students from different disciplines participated, 4= dietetics, 12 = Occupational Therapy, 16 = Nursing, 18 = Physiotherapy, 3 = Pharmacy, 20 = Medicine.
Kelly, S., Stephens, M., Clark, A., Chesterton, L., & Hubbard, L. (2023). 'Not the last resort': The impact of an interprofessional training care home initiative on students, staff, and residents. Journal of Interprofessional Care, 37 (5), 774-782.	University of Salford, UK	4	To explore the impact of a 6-week interprofessional initiative on residents, students and care home staff.	Mixed	Action learning used as tool for students to work together as a MDT. Groups worked on the resident's own health and wellness goal over the course of 6 weeks.	Of the 17 students involved in the initiative, 14 were recruited to take part in the evaluation via posters and e-mails. 3 care home managers, 6 care home staff and 8 residents also included. Students came from a range of disciplines including Physiotherapy (2); Social Work (1); Nursing Adult (2); Nursing Mental Health (1); Counselling and Psychotherapy(3); Podiatry 2); Sports Rehabilitation (2); and Prosthetics and Orthotics (1).

Paper	Research design/data collection	Ethical considerations?	Data analysis	Clear statement of findings	How valuable is the research?	Limitations	Recommendations
Svensberg. K., Kalleberg. B. G., Rosvold. E. O., Mathiesen. L., Wøien. H., Hove. L. H., Andersen. R., Waaktaar. T., Schultz. H., Sveaass. N., and Hellesö. R. (2021). Interprofessional education on complex patients in nursing homes: a focus group study. BMC Medical Education, 21 (1). 504.	Interviews: semi structured and open ended; 4 main questions about course organisation, group task-solving, interprofessional learning and course improvement. Focus groups: after students final presentations; 4 focus groups with 4-7 different types of students in each; approx. 1 hour.	Y: The study was carried out in accordance with relevant guidelines and regulations and was approved by the Norwegian Centre for Research Data.	Inductive thematic data analysis based on Systematic Text Condensation (STC).	Y: Nursing home training helped students move from a fragmented to a collaborative approach to patient care, improving overall care. While valuable for understanding complex older adult care, the experience could be enhanced with prior teamwork training.	Varied and rich qualitative insights.	Student focus / small scale / short term	Future research should explore integrating practice-based IPE early in students' training through stepwise modules, simulation exercises, or online pre-training. Institutions should also carefully plan the timing and implementation of these activities in the curriculum to enhance their effectiveness and student perception of IPE.
Mason. R., Hunt. R., 7 Kane. R. (2021). Inter- Disciplinary Student Work Placements within a Care Home Setting: Improving Student Employability and Developing Social Connections – A Qualitative Evaluation. International Journal of Practice - based Learning in Health and Social Care, 9 (1). 64 – 76.	Students and care home staff completed qualitative written evaluations at 3 points: after information sessions, after volunteering, and 5 months later. These evaluations addressed research aims 1 and 2. All 15 participants submitted at least 1 evaluation.	Y: All students undertook an enhanced Disclosure and Barring Service (DBS) check. Consent for residents not needed but Dewing principles used to ensure they consented to activities delivered by students.	Thematic analysis	Y: Students gained a deeper understanding of caring for older adults, applicable to both their future careers and personal lives. The project fostered peer learning, interdisciplinary teamwork, and improved social engagement, communication, and well-being for residents.	Focus on employability offers new insights / One of few conducted in UK/ highlight value of pre-project information sessions / staff involvement	Short term / no resident involvement	Education providers should ensure that valuable work experience learning opportunities are maintained despite COVID-19 and continue to focus on employability preparation. Projects in care homes should prioritise the impact on residents, addressing potential harm from short-term placements and taking steps to mitigate it.
Weisse. C. S.,and Kelly. M. (2021). Academic-community partnerships to promote end-of-life care competencies through interprofessional teamwork. Journal of Interprofessional Education & Practice, 24.100437	The study used both quantitative (pre- and post-surveys) and qualitative (reflective journals and post-program questionnaires) methods. Both approaches explored how the program influenced students' personal and professional development.	N: Not clearly highlighted in article.	Quantitative data were analysed using descriptive statistics and qualitative data were analysed using both enumerative and thematic content analysis.	Y: The program effectively achieved its learning goals, as demonstrated by increased empathy and self-efficacy in students. These improvements were evident in both quantitative data and qualitative data . The program also positively impacted the workplace by enhancing the skills and knowledge of other staff members.	Highlights value of academic-community partnership / significance of experiential learning in end-of-life care / the importance of continual assessment and revision of both program delivery and evaluation.	Student focus and reliance on self-reported data / heavily dependent on quality of academic community partnerships that may be complex to replicate.	Future research should use a mix of self-reports, supervisor/ faculty observations, and family feedback to more comprehensively document the impact of educational interventions on both learners and community partners.

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Table 5. (Continued).

Paper	Research design/data collection	Ethical considerations?	Data analysis	Clear statement of findings	How valuable is the research?	Limitations	Recommendations
Lauckner. H. M., Rak. C. N., Hickey. E. M., Isenor. E., and Godden-Webster. A. L. (2018). Interprofessional and collaborative care planning activities for students and staff within an academic nursing home. Journal of Interprofessional Education & Practice, 13. 1-4.	Twenty-six students provided written evaluations on their views of LTC practice (qualitative data). The Interprofessional Collaborative Competencies Attainment Survey (ICCAS) was used for self-assessment against 6 CIHC competencies on a 7-point scale (quantitative data). Data was collected from 2014 to 2017, with 24 students completing the ICCAS as pre- and post-tests.	Y: Researchers consulted staff, physicians, family members, and residents early in the evaluation to assess the initial impact of the academic partnership. Since this was part of a quality improvement program, ethics board review was not required.	Cohen's d effect used to calculate pre-post mean difference for quantitative data analysis, authors did not state analysis for qualitative data.	Y:The program benefited residents, students, and staff, establishing the care facility as an effective IPE setting. While the study primarily focused on student impact, it also indicated potential positive effects on the overall long-term care environment.	Larger sample of students. Different IPE activities.	Student focus although preliminary evidence of impacts on LTC setting / long term sustainability and scalability not addressed.	Should explore the positive impacts of IPE not just on student learning, but also on the organisation, staff, and residents within LTC settings. There is a need to assess how academic partnerships can foster a more collaborative culture and improve care delivery in LTC environments.
Damsgård. E., Solgård. H., Johannessen. K., Wennevold. K., Kvarstein. G., Pettersen. G., and Garcia. B. (2018). Understanding Pain and Pain Management in Elderly Nursing Home Patients Applying an Interprofessional Learning Activity in Health Care Students: A Norwegian Pilot Study. Pain Management Nursing, 19 (5). 516-524	Ethnographic inspired. Data was collected through video recordings of team discussions before and after patient examinations, and field notes taken during the examinations. The recordings, totalling 2 hours 23 minutes and 2 hours 43 minutes, covered team discussions but not the patient examinations, which were documented by IPE supervisors' notes.	Y: One patient provided written consent, while the next of kin consented for another. All students also gave written consent. The study was approved by the Norwegian Centre for Research Data.	Video-recordings applying a 7-step model included 1) viewing the video data, 2) describing the video data, 3) identifying critical events, 4) transcribing, 5) coding, 6) constructing storyline and 7) composing a narrative. Field notes supplied the transcripts.	Y: The study identified 4 key themes: becoming familiar with the patient, guiding pain management through patient meetings, seeking explanations and relief, and sharing knowledge to reach consensus. Both teams successfully developed pain management plans, with direct patient examination crucial in shaping their approach and altering initial assumptions about the patient's pain.	Pain management focus adds new insights into IPE in this context.	Small scale/ short duration (1 day)	Balancing the chaos and unpredictability of a real-life setting with a more structured approach should be addressed in future work.

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Table 5. (Continued).

Paper	Research design/data collection	Ethical considerations?	Data analysis	Clear statement of findings	How valuable is the research?	Limitations	Recommendations
Seaman. K., Saunders. R., Williams. E. Harrup-Gregory. J., Loffler. H., and Lake. F. (2017). An examination of students' perceptions of their interprofessional placements in residential aged care. Journal of interprofessional care. 31 (2). 147-153	Two surveys were used: 1 to assess changes in student attitudes towards older adults and another to measure readiness for interprofessional learning, both on a 1-7 scale. A quasi-experimental pre-/post-intervention design was employed. Additionally, students answered open-ended questions about their prior RIPLS completion, previous interprofessional teaching experience, and other comments on interprofessional education.	Y: Ethical approval was received from both the Human Research Ethics Committee at University of Western Australia and the ethics committee of the aged care facility in which the practicum was undertaken.	Descriptive statistics were used to summarise the quantitative data. Parametric and nonparametric analysis was conducted depending on the distribution of the data for each tool. Content analysis was used to explore the open-ended questions and was expressed as a percentage from the total number of comments in each category.	Y: IPE focused student placements within a RACF have the potential to positively influence some student's attitudes towards the older adult as well as increase student's readiness for interprofessional learning.	Demonstrates impact on students' readiness for IP learning / insight into student attitudes toward older adults.	Relatively small sample / short term focus / varying placement lengths may influence.	Further research is needed to determine the true influence of IPE student placements in RACF using greater sample size and appropriately validated evaluation tools.
Lawis. T., Wicks. A., Jamieson. M., Haughey. A., and Grealish.L. (2016) Interprofessional education in practice: Evaluation of a work integrated aged care program. Nurse Education in Practice, 17. 161 - 166.	A case study design combining quantitative and qualitative methods was used. Data was collected through a pre-designed survey with two qualitative questions and three formal group debriefing sessions. The Readiness for Interprofessional Learning Scale (RIPLS) assessed students' attitudes and knowledge of interprofessional learning.	Y/?: Ethics approval was obtained, but the authors did not address ethical considerations related to resident-student interactions in implementing and adjusting food environment plans.	RIPLS were managed and analysed using IBM SPSS statistical management system for means and ANOVA . Thematic analysis re the formal debriefing notes.	Y: Students reported improved attitudes toward other healthcare professionals and teamwork. They particularly valued learning alongside students from other disciplines, believing it enhanced future professional relationships.	Insight into collaborative skills developed and student learning outcomes. Provides a model for expanding and developing IPE programs.	Short duration / small number of disciplines / one specific facility / student focus	Further development of this and similar interprofessional programs is required to develop sustainable student projects that have health benefits for residents in aged care residential facilities.
Bondevik. G. T., Holst. L., Haugland. M., Bærheim. A., and Raaheim. A. (2015). Interprofessional workplace learning in primary care: Students from different health professions work in teams in real-life settings. Department of Global Public Health and Primary Care, 27, (2). 175-182	Reflective notes gathered from students.	N: Not clearly highlighted in article.	Systematic text condensation.	Y: Revealed 5 areas of learning experiences from workplace practice: (a) learning in an interprofessional setting, (b) teamwork, (c) relationships among the team members, (d) consequences for the patient, and (e) consequences for the future.	Identifies key learning areas/ contribution to theory re self-determination.	Inclusion of public health clinics means more limited insight into care homes.	Need for further researchthat includes clinical instructors from different disciplines into interprofessional collaboration into a learning setting.

(*Continued*)

Table 5. (Continued).

Paper	Research design/data collection	Ethical considerations?	Data analysis	Clear statement of findings	How valuable is the research?	Limitations	Recommendations
Seaman. K. L., Bulsara. C. E., and Saunders. R.D. (2015). Interprofessional learning in residential aged care: providing optimal care for residents. Australian Journal of Primary Health, 21(3). 360-364	A mixed-methods approach with a convergent parallel design was used to understand the effects of the IPE program on residents and staff. Qualitative data was gathered from 4 focus groups and in-depth interviews with residents and their significant others. Quantitative data was collected through separate surveys for staff and family/ friends, providing multiple perspectives to validate the findings.	Y: Written consent obtained from each participant and organisational approval was obtained by the Clinical Services Management Team Committee and the Steering Committee.	Thematic analysis of focus group and interview data. NVivo used to manage the data. Categorical data were coded, entered and expressed as percentages.	Y: 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 the residents the opportunity to see how health professionals can work collaboratively together.	Resident and staff focus is unique/offers insight into impacts from their perspectives.	Variability in placement length. Single facility. Broader impact and sustainability not considered.	Broader participant demographics should be included to foster a better balance of IP teams working together. Improving the communication process with care home staff should be point of focus.
Kelly, S., Stephens, M., Clark, A., Chesterton, L., & Hubbard, L. (2023). 'Not the last resort': The impact of an interprofessional training care home initiative on students, staff, and residents. Journal of Interprofessional Care, 37(5), 774-782.	Solely reports on qualitative. 51 semi structured interviews conducted with students, staff and residents.	Y: Obtained from University ethics board.	Deductive approach to analysis used as coded the data relative to a pre-specified conceptual framework that had been developed previously by the research team.	Y: 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	One of few conducted in UK/ Involves residents and care home staff /Action learning focus unique	Short term focus / small sample / one cycle of IPE	Long term insight needed 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 centred care and enhances interprofessional competencies

goals. While Bondevik et al. (2015) did not detail specific IPE activities, they referenced prior involvement in patient interviews, examinations, and treatment planning.

Professional groups the students were recruited from

The cumulative number of participants was 167 students, 57 staff, 40 family members and 19 residents. One study (Seaman et al., 2015) did not make clear whether there was any overlap between the different number of participants involved in each method, and another (Weisse & Melekis, 2021) did not indicate how many of the students in the scheme were involved in their study. Students were drawn from a variety of professions including psychology, dental hygiene, nutrition, public health nursing, advanced geriatric nursing, nursing, physiotherapy, occupational therapy, speech pathology, pharmacy, dietetics, social work, aged care, therapeutic recreation, dietetics, medicine, sports rehabilitation, podiatry, prosthetic and orthotics, and midwifery. Numbers of students per profession or discipline were not typically provided.

Impacts of engagement in IPE

Data has been grouped into the four themes below:

(1) Knowledge
(2) Skills
(3) Personal development
(4) Models for future delivery

Knowledge

Students. The development of new knowledge and an enriched awareness of knowledge sharing featured as a common theme across the student's experiences. This spanned knowledge of their own and each other's professional identities, as well as a heightened knowledge of the strengths and limitations to the forms of work delivered in the homes (Damsgård et al., 2018). Students often displayed a 'willingness to learn from each other' (Bondevik et al., 2015, p. 180), and found that sharing their knowledge to work toward a common goal was rewarding, beneficial and meaningful (Bondevik et al., 2015; Damsgård et al., 2018; Lawlis et al., 2016; Mason et al., 2021).

The studies highlighted the need for reflective approaches to knowledge development, with space to reflect on their learning, progress and development often cited as important in the student's ability to engage in – and enjoy – knowledge sharing. Lawlis et al. (2016) highlighted that students' knowledge development was tied to how the care home environment itself:

> provided the opportunity for students to assess the environment from multiple dimensions, thus formulating a more effective and holistic approach to group project development. (Lawlis et al., 2016, p. 165)

Mason et al. (2021) found information sessions were key in providing the students space to reflect on current practice and knowledge and Damsgård et al. (2018) discussed the importance of giving students the time to engage in reflection in action. Svensberg et al. (2021) found that focus groups allowed for enhanced learning experiences, and Lauckner et al. (2018) similarly highlighted how central team meetings were in enhancing knowledge. Kelly et al. (2023) utilised Multi-Disciplinary team meetings informed by an Action Learning approach so that the students had space to address the residents' own goals.

Students' learning experiences helped them foster a better understanding of caring for older people. Bondevik et al. (2015), for instance, found experiences of knowledge sharing enabled students to reach a greater awareness of the complex care needs of the residents. This enriched knowledge of caring for older people was tied to developing a better knowledge of person-centered care as a framework, with

students stating they have learned the value of – and how to provide in practice – 'whole person' care (Kelly et al., 2023; Lauckner et al., 2018).

Lawlis et al. (2016) reported a statistically significant difference in perceptions of interprofessional working as integral to solving resident's healthcare issues between pre- and post-test scores. However, fostering new knowledge was not straightforward. Students sometimes experienced tension when navigating the hierarchies of the care home, which could hinder their ability to put knowledge into practice (Kelly et al., 2023; Lauckner et al., 2018; Svensberg et al., 2021).

Residents. Though limited focus was placed on the experiences of residents, some studies illuminated how collaborative knowledge sharing and development benefited their care. Survey data collected by Seaman et al. (2015) highlighted that all family members and friends included in the study believed the students have had a positive effect on their resident's health and well-being.

> Student IPE placements were 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. (Seaman et al., 2015, p. 363)

Lauckner et al. (2018) reported on residents enjoying one-on-one engagement with the students as it developed their own knowledge of practice, whilst also enhancing the care they received. There were several examples of enriched care observed: Lauckner et al. (2018) spoke about residents receiving improved equipment following student assessments, Damsgård et al. (2018) explored how interprofessional collaboration and knowledge sharing fostered a more holistic pain management approach, Seaman et al. (2015) reported that new techniques of care generated through knowledge exchanges helped the residents achieve better physical functionality(though this was not self-reported by residents), and Kelly et al. (2023) found that residents experienced improved physical, social and emotional well-being as a result of involvement. In addition, students were found to not only develop knowledge of practice or profession, but knowledge of the residents themselves and their diverse life experiences which was crucial in their wider learning of what working holistically looks like in practice (Mason et al., 2021).

Care home staff. Care home staff involved in the initiatives benefited from experiences of knowledge sharing and development. This was often expressed in regard to how a collaborative teamwork approach broadened their perspectives on resident and health care problems (Lauckner et al., 2018; Svensberg et al., 2021). Lauckner et al. (2018) noted that staff reported increased teamwork and communication and that they had a greater understanding of knowledge within care planning and decision-making during consultations. The IPE schemes were also reported to further develop staff members knowledge of - and access to - services in the community that could go on to improve service provision within their home (Lauckner et al., 2018). Plus, Kelly et al. (2023) reported that staff felt they had access to broader opportunities to develop, learn and grow.

Skills

Students. The IPE schemes prepared students for future interprofessional settings and aided them to develop a *'positive professional identity'* (Seaman et al., 2017, p. 151). Through teamwork and collaboration within an interprofessional training setting, students were found to improve their communication, listening and organisation skills (Lawlis et al., 2016; Mason et al., 2021). Six of the 10 studies (Bondevik et al., 2015; Kelly et al., 2023; Lauckner et al., 2018; Lawlis et al., 2016; Mason et al., 2021; Weisse & Melekis, 2021) identified strengthened communication as key to the student's experience, highlighting that effective communication is a core competency developed through IPE. '*The data revealed a perceived improvement in the development of emotional and communication skills amongst students*' (Mason et al., 2021, p. 70).

Damsgård et al. (2018) further demonstrated how the process of this skill development was borne through the students' collaborative experiences of 'developing agreement' and 'searching for

explanations', (p. 519) and Mason et al. (2021) found it related to the teams' efforts to resolve challenging situations whilst also having more autonomous ability to take control in professional situations.

Through experiencing roles in a practice environment that they are not often exposed to, students gained transferable skills that benefitted and informed their future employment (Lauckner et al., 2018; Mason et al., 2021). Lawlis et al. (2016), for example, reported a statistically significant difference in perceptions of IPE as a mechanism to improve students' abilities to understand clinical problems between pre- and post-test scores.

Residents. Placing students with different disciplinary backgrounds into an interprofessional setting was also suggested to impact communication skills with residents, increasing their 'possibility to understand and to be understood' (Bondevik et al., 2015, p. 179; Seaman et al., 2015). The level of communication between students and residents increased as interprofessional projects progressed, improving the residents' confidence and ability to remember information, and, in turn, have a positive *'effect on their overall wellbeing'* (Mason et al., 2021, p. 72). Lauckner et al. (2018) and Kelly et al. (2023) both reported that increased communication among staff in the care home enhanced resident care as it enabled more comprehensive decision-making and care planning.

Staff. Some emphasis was placed on how IPE initiatives create a richer learning environment for the staff involved (Bondevik et al., 2015; Seaman et al., 2015). Lauckner et al. (2018) discussed how the scheme promoted increased communication levels among staff, and Seaman et al. (2015) reported that this could result in increased levels of professional motivation. Seaman et al. (2015) also emphasised the positive impact of student presence on staff skill development. By easing workload, students effectively enabled staff to engage in reflection and skill-building activities.

Personal development

Students. As well as establishing how IPE initiatives benefit students on a professional level, studies also placed emphasis on how the initiatives furthered students' personal development. This was largely framed around (1) a transformation in perspectives, (2) their emotional development, and (3) their social development. In regard to changing perspectives, it was suggested that the students developed a 'a greater awareness of self' (Lawlis et al., 2016, p. 156) which, in turn, allowed them to become more conscious of their own – and others – contributions within care homes, open to different interpretations and ways of understanding, and ultimately develop a more holistic mind-set (Bondevik et al., 2015; Lawlis et al., 2016).

The IPE schemes had positively influenced students' perception toward older people as well as impact their reflections on life and death (Seaman et al., 2017; Weisse & Melekis, 2021). As a result, students were found to develop key emotional skills such as empathy and patience (Mason et al., 2021; Seaman et al., 2017). Damsgård et al. (2018) and establish the emotional labor involved in working with older people. Mason et al. (2021) found that:

> 'participants (learners) reported personal development of empathy, feeling better equipped to console others and increased patience whilst working with older adults.' (Mason et al., 2021, p. 70)

Kelly et al. (2023) reported that students were more likely to consider work in care homes after their IPE experience. Pre-placement, 45.4% of students reported that they 'agreed' to the statement 'working with people in care homes has a high status' and none answered, 'strongly agree.' Post-placement, most (44.4%) students reported that they 'strongly agreed'

Better communication was suggested to support the student's social development (Mason et al., 2021). Whilst the social aspects of learning could, at times, relate to conflicts and tensions among the students' (Svensberg et al., 2021), the IPE experiences were found to teach them lessons around leadership, collaboration, and confidence that they could apply to their social lives more broadly (Mason et al., 2021).

Staff. The interprofessional setting also positively impacted the personal development of staff. Working alongside the students increased their sense of purpose as they valued contributing to the learning process (Lauckner et al., 2018; Mason et al., 2021; Seaman et al., 2015). Staff experienced enhanced self-efficacy (Seaman et al., 2015) and Lauckner et al. (2018) links this to how interprofessional environments can counter embedded hierarchies that impact decision-making and teamwork.

Residents. The increased social activities created from the interprofessional training meant residents had enhanced social connection skills (Mason et al., 2021) and reported missing opportunities for heightened engagement once the placements had ended (Bondevik et al., 2015).

> An important aspect 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. (Seaman et al., 2015, p. 362)

Studies reported that their social engagement in the scheme acted as a catalyst for an improved sense of meaning and purpose in society among residents. Lauckner et al. (2018) related this to feelings of pride in their contribution, Seaman et al. (2015) found it tied to experiences of '*giving back*' (p. 362), and Mason et al. (2021) expressed this to be related to increased opportunity for intergenerational connectedness.

Further, Lawlis et al. (2016) found that an awareness of the social dynamics of the home was more keenly observed by students from professions who would not usually be placed in this setting, noting that they often worked to find innovative ways to foster more interaction and connectedness among residents and staff (p. 164). Such activities, as is noted by Seaman et al. (2015), allowed the residents access to more opportunities to socialise and to benefit from those interactions physically and emotionally.

Models for future delivery

Finally, another common theme connecting the studies concerned best practice for future delivery. All studies identified crucial factors within IPE schemes in care homes that contribute to inclusive engagement.

The studies highlighted that engaging in the 'unknown' of IPE can be unsettling or unnerving at first. Tensions particularly arose within the first week, with those involved working hard to foster a new way of thinking and working (Damsgård et al., 2018; Lauckner et al., 2018; Svensberg et al., 2021). Svensberg et al. (2021) suggested here that preplacement events or training sessions could ease such concerns by acting as 'relational icebreakers' (p. 5) to better enhance the preparation of staff, students, and residents. Damsgård et al. (2018) similarly expressed that access to online resources preplacement could better facilitate the shift from a silo to interprofessional mind-set. Seaman et al. (2015) noted that more communication processes be put in place as: '*Direct care staff wanted students to consult them more often when appropriate and relevant as they could provide valuable knowledge on each resident*' (p. 363).

Placement length was often deliberated on. Schemes too short were felt to be at risk of being underwhelming and not as effective for student learning (Kelly et al., 2023; Svensberg et al., 2021, Seaman, 2015), whilst those too long could encroach on the routines of staff (Seaman et al., 2015). Ensuring an effective balance of student numbers was also considered across the studies. Seaman et al. (2015) found that concerns were raised when too many students attended at one time, as this could be overwhelming for the residents. Similarly, Lauckner et al. (2018) stressed the importance of managing student numbers so as not to decrease the *'homelike atmosphere'* and reduce the privacy of residents (p. 3).

Fostering a solid understanding of IPE at **all** levels of engagement was central to effective delivery. Seaman et al. (2015) discussed the importance of ensuring the different levels of staff involved in the delivery of IPE are motivated, informed, and well integrated, as the success of IPE programmes is dependent on strong administration, internal and university support. Similarly, Lawlis et al. (2016) and Kelly et al. (2023) highlighted that developing stakeholder communications and understandings

are essential to effectively embedding IPE in the health professional pedagogy. Seaman et al. (2015) suggested that the involvement of a designated IPE health professional from each field to guide and liaise with students/staff could help the cohesiveness of such initiatives in this regard, and Lauckner et al. (2018) emphasised the importance of pre-clinical orientation sessions to discuss collaborative expectations and foster a sense of teamwork among students and educators.

Discussion and implications

This review has synthesised the findings of 10 studies that explored the impact of interprofessional education in care home settings. Four themes have been identified: knowledge, skills, personal development, and models for future delivery. Collectively, these combine to create the key components of a *'collaborative care home'* experience.

Interprofessional activities in care homes can help prepare students for practice and develop their understanding of how to collaborate more effectively. Findings reflect wider literature that propose meaningful IPE experiences can better prepare students for encountering the complexities of real life interprofessional working (Illingworth & Chelvanayagam, 2007). Students experience increased knowledge and skill development, can learn profession-specific and interprofessional group tasks, have more time to develop their autonomous practice, and feel more prepared to work in aged care. This reinforces arguments around how the transformative nature of interprofessional models of working can more effectively prepare the future workforce (Brownie et al., 2014).

While the shift from a silo to an interprofessional mind-set could generate initial tensions and feelings of uncertainty, the studies highlight that the value of preparatory training sessions in how they can (1) help students enter the placement with a better understanding of collaboration in practice and (2) ensure staff across all levels are well integrated into the schemeto effectively support student learning. Training sessions can also help students address and challenge any negative societally embedded stereotypes about care-home work (DEMOS, 2014) and better understand the potential of working and learning in the care home sector.

IPE initiatives can support the reform goal of an improved quality of service in the care home sector and contribute to an empowered and more sustainable workforce. This review supports other work that has shown how IPE can enhance personal and professional confidence, encourage reflective practice, and promote mutual understanding among staff and service providers (Barr et al., 2000; Illingworth & Chelvanayagam, 2007). This is particularly significant in the care home context given the pressures the sector is under to find, recruit and retain suitable staff (Care Quality Commission, 2022). Whilst efforts to improve outcomes in the sector can have positive and lasting results (NHS England, 2019), research indicates that initiatives remain urgently needed to implement a suite of evidence-based interventions (British Geriatrics Society [BGS], 2021).

Further, the studies detail how practice-based IPE improves patient care and outcomes (O'Leary et al., 2020). It is clear that IPE can enhance the care the residents receive, and, through engagement in meaningful activity, promote a sense of purpose. Such findings speak to the value that IPE has in potentially reducing health and social care costs whilst improving the care home experience for residents, their families, and staff members alike. The CQC (2022), for instance, state that new techniques are needed to ensure that the care offered to residents improves. NICE (2018) similarly considers it vital to address the long-term aim of improving the quality of care received by care home residents.

The reviewed studies also echo literature detailing the well-researched barriers of implementing IPE (Carlisle et al., 2004; Pecukonis et al., 2008). In line with Horsburgh et al. (2001), logistical constraints, such as student numbers and placement timetabling, are key to reflect on regarding the sustainability of IPE. This reflects the importance of considering the diversity of care homes, and the needs of those within them, when implementing such initiatives. The studies also support Lawlis et al. (2014) suggestion that barriers exist at multiple levels given IPE '*requires the synchronised and systematic collaboration between and within the various stakeholders*' (p. 305), which is especially pertinent given some care homes will have less capacity to dedicate to involvement in IPE initiatives.

However, these findings need to be considered in the following context: the available body of research was small; 10 studies were assessed and of the available studies only 2 were carried out in the UK. The focus on IPE was mostly on outcomes pertaining to student learning. As such, there was limited evidence from the perspectives of staff involved, and even less so from the residents. Further, little evidence exists in regard to whether the gains attributed to IPE in a care home setting can be sustained over time as most studies ran only 1 cycle of IPE.

Recommendations

Those designing and implementing future IPE care home studies should:

- Ensure a level of flexibility so that individuals can engage in, and benefit from, IPE initiatives in ways best suited to the needs of the students, staff and residents involved.
- Have mechanisms in place to support students' journey into the care home environment and ensure staff have enough time to understand their involvement and training-related duties.

And that IPE evaluations would benefit from:

- Involving residents and care home staff to understand the impact on care outcomes and delivery.
- Investigating their long-term impact to get a richer understanding of their potential in this context.
- Investigating how IPE impacts differ across different care home settings and contexts.

Limitations

This scoping review has some limitations. Firstly, we applied geographical, language and publication date restrictions. We made this choice to appraise the most comparable evidence-based studies, though it is possible that we may have missed some studies in this process. It is acknowledged that papers published in languages other than English, with no English abstract, may not have been included in this review. Nonetheless, this is the first scoping review to provide a comprehensive synthesis of how IPE initiatives impact students, staff and residents in a care home setting. In combining quantitative, qualitative and mixed methods studies and utilising rigorous quality appraisal tools, we have both determined and provided a broader picture of the evidence available.

Conclusion

The evidence base highlights that IPE has the potential to play a valuable role in care home settings. Knowledge sharing not only benefits the student's professional development but allows staff to learn about, and implement, new practices that enhance the care residents receive. IPE care home initiatives also provide a unique avenue to promote professional skill development among students and staff, as well as foster the development of their interpersonal, social, and emotional competencies. However, it is evident that more research focus on IPE initiatives in care homes is vital in order to understand the potential it has in improving social care. This review has identified that IPE schemes are more often designed with an evaluation of the student experience in mind. There is limited evidence for the perspectives of care home staff and residents, and future studies should value and place their experiences at the center of their inquiry if we are to better understand the future role of IPE in this setting. Moreover, research is needed that investigates the long-term impact of such schemes, given 7 of the 10 reviewed were short term 'one off' IPE initiatives in this setting (Damsgård et al., 2018; Kelly et al., 2023; Lawlis et al., 2016; Mason et al., 2021; Seaman et al., 2015; Svensberg et al., 2021; Weisse & Melekis, 2021). Consideration of different

learning programmes that incorporate virtual or blended approaches to IPE engagement in this setting could also be incorporated into future studies to provide more insight into how IPE can be utilised in innovative and inclusive ways. These are important priorities for future research. If more students become '*knowledgeable in the speciality of aged care practice*' (Seaman et al., 2017, p. 152), it is likely that their engagement will support future workforce requirements in the context of an ageing society.

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