Reflections on an interprofessional student placement initiative in care homes

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Abstract

Interprofessional learning can offer students from different disciplines an opportunity to learn from, with and about each other. Additionally, practice placements in care home settings can offer students a rich learning experience. In 2021, a pilot interprofessional student placement initiative in care homes took place in the Manchester area, with three care homes and 17 students from a range of health and social care disciplines. In this article, the members of the core operational group that implemented the initiative reflect on their experiences. Using the 'What? So what? Now what?' reflective framework, they describe the context of the initiative, explore the lessons learned and make recommendations for future initiatives. The authors' intention is to inspire other educators to consider offering interprofessional placements to students, recognise the value of care homes as placement settings, and acknowledge the benefits of using reflection-in-action and reflective frameworks in healthcare education and practice.

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Keywords

INTERPROFESSIONAL EDUCATION has been described as a way of improving collaboration and the quality of patient care by offering students an opportunity to learn from, with and about each other (Flood et al 2014). Although there is little research into interprofessional learning in care homes, evidence from some of the few studies that have explored the topic shows that it can support the delivery of holistic and person-centred care, increase students' knowledge of working with older people and contribute to securing the future care home workforce (Seaman et al 2017, Damsgård et al 2018).

In 2021, staff at the University of Salford were involved in designing, implementing and evaluating a six-week pilot interprofessional student placement initiative in care homes. The initiative was co-produced with a steering group comprising programme and placement teams, academics, care home staff and local health and social care leads. Three care homes in Greater Manchester were recruited to the initiative along with 17 full-time and part-time students, including second-year and third-year undergraduate students and masters' students from three higher education institutions. They were studying nursing, physiotherapy, prosthetics and orthotics, social work, podiatry, counselling or sports rehabilitation. Students were either placed in one of the three care homes as part of their allocated placement cycle or volunteered for a 'spoke' learning opportunity – 'spoke' referring to a practice learning activity undertaken by

students outside their central placement 'hub'. The length of placements ranged from six weeks to 16 weeks and the initiative took place during a six-week 'overlap' period (October to December 2021), during which all students were on placement at the same time. Students were allocated to a care home according to their discipline based on the care home's needs.

To enable interprofessional learning, the students worked the same shift patterns as each other and participated in weekly multidisciplinary team (MDT) meetings alongside care home staff, residents, academics and practice education facilitators. The MDT meetings used an action learning approach – which has been defined as '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 and Sharp 2006) – and focused on supporting residents to develop personalised health and well-being goals.

An evaluation of the initiative, which incorporated the views of students, residents and care home staff, concluded that care homes are ideal learning environments and that the presence of students had numerous benefits for residents and care home staff as well as for the students themselves (Kelly et al 2023). Working collaboratively as part of an interprofessional team enhanced students' knowledge of holistic person-centred practices; residents reported improvements in their physical, social and emotional health and appreciated being able to contribute to the students' education; care home staff found that having various professional groups in the home enhanced their knowledge of the latest evidence-based practice (Kelly et al 2023).

The steering group met monthly to discuss the development, implementation and evaluation of the initiative. Once the students had started their placements, a smaller 'core operational group' – which comprised the authors of this article – met more frequently to respond to issues as they arose. In this article, the members of this core operational group share their reflections on their experiences of delivering this interprofessional student placement initiative.

Reflection-in-action and reflective framework

Reflection has long been recognised as an invaluable tool in health and social care because it promotes continuous learning, produces rich insights into events or experiences and informs changes in practice (Lucas 2012). Schön (1987) stressed that reflection is an active rather than a passive process and that practitioners should be encouraged to reflect continually in the course of their work. Schön (1983) coined the term 'reflection-in-action', which describes a process whereby practitioners reflect on a situation and immediately reshape it while it is still happening. Putting reflection-in-action into practice, the members of the core operational group (mostly referred to in this article as 'the group') continually examined their experiences of the development and implementation of the initiative and responded to issues as they arose based on these collaborative reflections.

Furthermore, the group used Borton's (1970) reflective framework – which comprises three simple questions: What? So what? Now what? – as a guide to describe their experiences, explore what they could learn from these and make recommendations for future initiatives based on that learning. This is reflected in this article, which is structured in three sections:
» What? Context of, and preparation for, the initiative.
» So what? What the group learned from the challenges of implementing the initiative.
» Now what? Recommendations for future initiatives.

What?
Context
Care homes can offer rich learning opportunities for students but have been historically underused as placement environments. Initiatives such as the National Teaching Care Homes Project (Care England 2017) have helped to increase awareness, and promote the use, of care homes as innovative and stimulating learning settings. However, there remains a preconception that nursing students are more suitable for care home placements than students from other disciplines. Furthermore, a silo model – whereby students from the same discipline are placed together in the same learning environment – is generally adopted for placements in the UK (Millington et al 2019).

The aim of this initiative was therefore to work to dismantle the monoprofessional and ad hoc nature of care home placements. The idea was that students from different disciplines – supported by academics, social care staff and placement supervisors – would do a placement together and learn from, with and about each other in the care home environment. This would support them to adopt a 'communities of practice' approach to care delivery (Willis 2015, Balgård et al 2021), whereby 'a group of people who share a concern or a passion for something they do… learn how to do it better as they interact regularly' (Wenger 1998). Ultimately, the hope was that this

Key points
● Reflection promotes continuous learning, produces rich insight into experiences and informs changes in practice

● Interprofessional practice placements in care homes represent rich learning opportunities for nursing students

● Sourcing adequate supervision for all students is one of the challenges of organising interprofessional placements

● To be able to offer interprofessional placements to students, higher education institutions need to collaborate more

interprofessional learning approach would have similar positive outcomes for students and residents as those reported in previous studies, for example by Oosterom et al (2019).

Preparation

Various preliminary tasks needed to be done before implementing the initiative, including recruiting care homes, recruiting students, organising student supervision and organising the weekly MDT meetings. The group had to ensure that care home staff understood what the initiative entailed and what would be expected of them in terms of supporting students' learning. The group also supported care home managers to select students from disciplines that would be most beneficial to residents and staff.

Since the students were from various disciplines and from three different higher education institutions, an essential preliminary task was to organise placement supervision. For each different programme there were different regulations and requirements regarding how students should be supervised during placements; some programmes required one-to-one on-site supervision while others used a 'long-arm' approach – that is, supervision by an experienced clinician not based in the same location as the student. Furthermore, since the weekly MDT meetings were a central element of the initiative, the group had to develop their format and plan their timing to ensure they would meet the needs of students, staff and residents.

So what?

Organising placements

One of the main challenges was organising and coordinating placements to meet the needs of all parties. It was crucial that care home staff were involved in selecting the number of students and disciplines they felt would most benefit residents. This had to be balanced with ensuring that students from at least two disciplines were allocated to each care home to meet the requirements of interprofessional education (Barr 2002). Working within fixed placement timetables across several higher education institutions and programmes was challenging and the care homes' requirements could not always be met; for example, it was not possible to include occupational therapy students. It was also challenging to coordinate the students who had volunteered for a 'spoke' learning opportunity, who only attended the care home one day a week rather than for the whole week.

Determining placement setting suitability

Another challenge was determining whether the participating care homes had the capacity and resources to engage effectively in interprofessional education. In the case of nursing students, educational audits are normally undertaken at potential placement settings to assess whether they have the capacity, facilities and resources to deliver safe and effective learning opportunities (Nursing and Midwifery Council 2019). Such audits were completed at the participating care homes, but the group learned that the most appropriate settings were not necessarily those that met the above criteria or those with 'outstanding' or 'good' Care Quality Commission ratings. Rather they were settings in which the culture and values aligned with the goals of interprofessional education.

Managing pressures

Most students had never worked in a care home and some had undertaken no clinical placements due to the coronavirus disease 2019 (COVID-19) pandemic restrictions. Students therefore required emotional and practical support in terms of starting a clinical placement and integrating into an unfamiliar environment (Grealish et al 2010). The group often felt pressured by that, as well as by other issues, for example the fact that the group was unable to provide each care home with students from the disciplines they had requested. On reflection, this particular issue served to highlight the importance of managing expectations and communicating effectively with partners in co-produced projects.

Additionally, some group members, particularly those who were less experienced in managing such projects, felt a sense of pressure to 'perform' for the rest of the group. Reflecting on this led the group to consider that less experienced facilitators may benefit from development sessions – one of the strategies recommended by El-Awaisi et al (2016) to support the organisation and delivery of interprofessional learning initiatives in the preregistration education of healthcare professionals.

Sourcing supervision

One of the most significant challenges was sourcing appropriate supervision. Organising long-arm supervision for students from disciplines such as physiotherapy proved more complicated than anticipated. The group attempted to recruit long-arm practice supervisors via the larger steering group's network, but this relied on the goodwill of professionals to supervise students in areas normally outside their remit. This illustrates what has been described as a 'structural gulf'

between having the responsibility for providing placements and having the authority to allocate students to supervisors (Henery 2001).

The group struggled to source a full-time long-arm supervisor for the two physiotherapy students recruited to the initiative. The solution in that case was to create split-site placement supervision. The two students went to their usual placement setting with a community team for three days of the week and to their allocated care home for two days of the week. Their supervisor from the community team provided the necessary long-arm supervision when they were in the care home, which effectively enabled their involvement in the initiative. However, this was a one-off solution and is not sustainable for future initiatives. In other cases, students were prevented from participating in the initiative because the issue of supervision could not be resolved.

On reflection, the group recognised that providing guidelines to higher education institutions that are not accustomed to long-arm practice supervision could support the allocation of supervisors. The group has therefore undertaken a scoping review of the literature on long-arm approaches to practice supervision for non-medical professions, which is planned to be published in the *Journal of Practice Teaching and Learning*.

Adapting multidisciplinary team meetings
During the weekly MDT meetings, the students worked with care home staff and residents to develop health and well-being goals for each resident. While this collaborative approach was highly valued by all parties and enabled students to take part in person-centred care planning and decision-making, the group recognised that using a 'one size fits all' interprofessional learning model in care homes was naive. For example, in one care home, the face-to-face format of the MDT meetings was not suited to the needs of residents. Most residents had advanced dementia and care home staff felt that residents would be overwhelmed by meeting so many people at the same time. Staff, students and practice education facilitators therefore held weekly MDT meetings via an online videoconferencing platform, staff acting as advocates for the residents. The students then worked with each resident to implement the strategies discussed during the meeting, sharing the resident's progress with colleagues at the next meeting. This introduced care home staff and students to new ways of working and encouraged them to consider different ways of delivering care.

Now what?
To establish interprofessional learning in health and social care education, placement supervision models will require reshaping so that initiatives such as the one described in this article are feasible. Some disciplines, for example social work, are already familiar with long-arm practice supervision arrangements (Royal Society for Public Health 2021). Others, for example nursing, require full-time staff in the placement setting to provide on-site supervision. Disciplines which have no such arrangements in place, for example physiotherapy, will need to reconsider this aspect to ensure students are not prevented from participating in interprofessional learning initiatives.

It is also important to start dismantling monoprofessional placement traditions. Despite the importance of interprofessional working in terms of delivering person-centred care, interprofessional learning is not a standard learning mode in UK higher education institutions. One of the barriers is placement timetabling, specifically the lack of collaboration between higher education institutions to coordinate student placements – such collaboration being needed to enable students from different disciplines to attend placements at the same time. Other barriers to interprofessional learning include a lack of staff such as practice learning leads, practice education facilitators and placement leads; a lack of support and resources from government, higher education institutions and professional bodies; and resistance from some professional groups who do not view this type of education as important in preregistration curricula (Wong et al 2021).

Some participating students initially regarded their care home placement as a one-off experience rather than an essential element of learning about health and social care systems and people's experiences in those systems. They found it challenging to accept that this could be as valuable an experience as placements in faster-paced acute clinical settings and that there are a range of health and social care settings that offer rich learning opportunities. The weekly MDT meetings changed students' perceptions of working in care settings for older people (Kelly et al 2023). Ensuring that students accept care homes as rich learning environments, and as an integral part of the health and social care system, will require educators to recognise and address misconceptions about the 'right' type of placements. It will also require higher education institutions to include care homes as placement settings.

Another way of facilitating interprofessional learning during placements could be to allocate

students to a primary care network rather than a hospital. Working with community teams in settings such as care homes and general practices – as well as hospitals – would offer students a wider experience of the health and social care system and demonstrate how different parts of the system, and people's experiences of them, are interlinked.

Professionals involved in developing interprofessional learning initiatives need to be passionate about their vision but retain flexibility to address the challenges that will arise when delivering that vision. Stepping outside one's personal and professional boundaries to understand the views of other professions enables self-insight and mutual understanding (Clark 2009, 2021). The authors of this article believe that the willingness of all those involved in this initiative to move from 'me' to 'we' (Hanson 2013), work with others and learn from others was crucial.

For the members of the core operational group, connecting with each other and undertaking in-depth critical reflection (Clark 2009, 2021) were invaluable in facilitating the initiative. The group built a level of trust that enabled its members to act as 'critical friends' for each other (Foulger 2010), identify gaps in each other's knowledge and skill set, and speak

with candour about their actions, reflections and ideas. This reflective journey has enabled the group members to learn from each other and develop their practice through the sharing of perceptions and interpretations.

Conclusion

In 2021, a six-week interprofessional student placement initiative was piloted in three care homes across Greater Manchester. Seventeen students from various health and social care disciplines and three higher education institutions were placed in the care homes to work and learn collaboratively. A steering group supported the direction and delivery of the initiative and a smaller 'core operational group' met regularly to manage its implementation. The core operational group used the 'What? So what? Now what?' reflective framework to identify potential areas for improvement. Furthermore, the group used reflection-in-action to make sense of their experiences, explore their learning and make recommendations for future practice. The group suggests that higher education institutions need to collaborate and invest in interprofessional learning initiatives and that, for interprofessional learning to flourish in care homes, more work needs to be conducted around long-arm supervision.

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