



Brightwater



An Interprofessional Education Toolkit for Staff in Residential Aged Care

June 2017



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new aged care



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Executive Summary

This project developed a flexible, online interprofessional education in aged care (IPEAC) toolkit in collaboration with aged care and education providers across two Australian states.

The aim of the toolkit was to provide organisations with a resource to: (i) support Residential Aged Care Facilities (RACF) to facilitate an interprofessional placement for students with the focus on working with residents who are experiencing cognitive and functional decline and; (ii) educate staff to practice in an interprofessional environment. The ultimate goal of the toolkit is to improve the care and wellbeing of residents with cognitive and functional related decline.

The project objectives were:

1. To **develop** a toolkit to up skill staff to support interprofessional education and practice and to facilitate interprofessional student placements. The toolkit was based on three elements, (i) tools developed during Evaluating Outcomes of IPE in Aged Care, (ii) comprehensive review of current IPE toolkits available and (iii) new information developed by the working groups.
2. To **implement** the interprofessional education toolkit across five RAC providers (six facilities) in two different states through the delivery of training modules and one on one mentoring.
3. To **disseminate** the interprofessional education toolkit for the broader aged care sector through having information available on a web portal. This included the development of a communication plan to raise awareness of the toolkit and providing mentorship to other organisations.

The Consolidated Framework for Implementation Research (Damschroder et al. 2009) guided the project and facilitated the involvement of a critical reference group from the aged care and education sectors, a core working group of senior staff and health professionals from RACFs, as well as other staff in aged care who interact with health professional students on IPE placements.

Key Findings:

The **collaborative approach** to the development and implementation of the toolkit was intended to engage all groups to partner in the development of an IPEAC toolkit and ensure continued use beyond the project period. This is a key finding in the success of the development of the toolkit as often aged care staff and educational provider staff do not have the opportunity to work together. Aged care facility staff are also often overlooked in resource development. In this project the collaborative approach was successful and enabled understanding of the needs of aged care providers in supporting IPE placements and in their evaluation of the draft toolkit to determine if it was a workable and useful resource.

Initial interviews with staff found they were overall confident to support student learning however **clinical placements** were often unstructured and staff lacked the knowledge about IPE, and experience to plan and facilitate an IPE placement and in some sites staff viewed students as an 'extra pair of hands'. This was an important finding as it highlighted the need to develop a resource that guided staff to support and facilitate students learning experiences and for it to be undertaken in partnership with the educational sector.

This project also demonstrated that aged care providers are keen to be involved in research projects and contribute to resources to **support students and aged care facilities**. Due to the challenges of aged care environments (time availability, workforce mix and available staff, and unpredictable events such as outbreak) engagement of staff in the project varied across aged care groups, this impacted on the sample of aged care staff and is recognised as a limitation. All sites valued the opportunity to be part of the project and found benefits across the project.

Aged care is a rich learning environment for health professionals and particularly for students to gain knowledge of interprofessional practice and provide care for residents with cognitive and functional decline. Aged care providers involved in this study could see the **benefits of the IPEAC toolkit** and experienced positive outcomes during the pilot implementation phase of the project. Particularly the aged care staff team cohesion in participating in the research, planning and facilitating IPE placements and seeing the benefits to students and residents.

The **evaluation of the toolkit** found it is well developed, addressed the original purpose and will be a valuable resource in supporting student's placements, which has been achieved during the pilot. The use of the toolkit by different staff at pilot sites and communication to the wider aged care and education sectors may also contribute to the sustainability of the project. However as identified through the staff surveys the dialogue about IPE in aged care and student placements needs to be continued and the presentation of the toolkit at national and international conferences has achieved this, however will be continued as part of the dissemination of the toolkit.

The feedback from aged care groups has confirmed the IPEAC toolkit is a valuable addition for aged care. It is recommended that the toolkit is endorsed by the educational sector, the Australian Aged Care Quality Agency and that it be promoted through aged care peak bodies and interprofessional education platforms. The toolkit is currently available electronically via the Brightwater website. It is also recommended the toolkit could be hosted on the Dementia Training Australia (DTA) websites to make it more readily available. Future research could be conducted to further investigate the analytics of access to the toolkit from the DTA website.

Conclusion:

The IPEAC toolkit will enable aged care staff to support interprofessional education and practice, facilitate interprofessional student placements and to increase staff partnerships with universities and other community agencies.

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The development of the toolkit and success of the implementation was due to the expertise and dedication of the Steering Group and Project Working Groups who helped direct and guide the development, implementation and dissemination of the toolkit.

Generous support and contribution was provided by Brightwater Care Group, Catholic Homes and Amana Living in Western Australia (WA), and Helping Hand Uniting Communities in South Australia (SA). We would like to express a generous thank you to the residents, staff and students at all participating facilities without whom the development and implementation of the toolkit would not have been possible. Additionally, we would like to acknowledge the students who undertook placements at the aged care facilities and their representative universities for bringing their enthusiasm and joy into the residents' homes.

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1. Introduction

Interprofessional education in aged care facilitates student understanding of interprofessional practice and care of residents with cognitive decline. An interprofessional model of care supports best practice between professions and encourages staff to work efficiently and collaboratively for the benefit of residents.

This project was developed to build capacity in the aged care sector through developing and implementing an evidence based resource from a previous CDPC project 'Evaluating Outcomes of IPE in Aged Care' in the form of an IPE resource toolkit for staff working in residential aged care facilities (RACF).

Background

As the Australian population ages it is important to prepare the future health workforce for the care of older people. There is evidence student placements in aged care help to prepare students to be confident in working with older adults and eventually attract more graduates to work in community and RACF (House, Goetz, & Dowell, 2015). As important as skills and confidence to work with older people is the ability to work in teams and provide interprofessional care, which has also been shown to be an important factor in the delivery of safe effective care. For aged care facilities that use such an interprofessional model to deliver care, training in these settings offers the chance to not only improve attitudes to working with older people, but to increase interprofessional skills, knowledge and practice.

There is strong evidence that supports RACF as excellent learning environments for health professional students, developing core clinical skills and at the same time learning how to care for older adults (House et al., 2015; Wallace, Brown, Cumming, & Waugh, 2007). A recent study by Saunders, Miller, Dugmore, and Etherton-Beer (2016) also found that meaningful learning opportunities in RACF improved the clinical skills of medical students and also assisted in developing an understanding of residents and the aged care environment.

RAC environments are in constant demand for clinical placements from universities and the vocational education and training (VET) sector and this places demands on staff to support placements often without adequate resources.

Previous Research

This project builds on previous research conducted as part of a national collaborative project, at Brightwater Care Group (WA) and Helping Hand (SA) titled 'Evaluating Outcomes of IPE in Aged Care'. Both aged care providers have run IPE programs providing authentic learning opportunities for students from the tertiary and vocational education training sectors since 2010. Students undertaking the IPE placements have participated in interprofessional practice with their peers supported by the RACF staff with a strong focus on working with people who have cognitive and functional related decline. The previous research project was conducted from 2013 to 2015 at Brightwater Care Group and throughout 2015 at Helping Hand.

As noted, RACF are rich learning environments for students and in this project, students from a diverse range of entry into practice university degrees including medicine, pharmacy, physiotherapy,

occupational therapy, nursing, speech pathology, social work and dietetics participated in the student placements. In addition to students completing their normal course requirements they participated in a range of interprofessional activities. These activities included leading resident therapy programs, delivering information sessions for staff, participating in interactive, interprofessional and collaborative case discussions and general practitioner resident visits.

Students were encouraged to deliver care as part of the IPE student team with the staff on site and encouraged to spend time with the other professions to learn with, from and about them. The students had the opportunity to observe and participate in consultant visits from other health professionals including dietician and nurse practitioner. These opportunities provided the students with a greater understanding of each health professional's role and their role in the aged care sector.

During 2013-2015, at Brightwater Care Group the 'Evaluating Outcomes of IPE in Aged Care' project was conducted at one RACF with 110 residents. In total 181 interprofessional student placements of final year university students from 3 universities with placement length varying from 2 to 10 weeks participated in the program. In 2015, Helping Hand also participated in the evaluation of IPE in RAC. During this time 272 students participated in a student placement with placement lengths varying from 2 to 16 weeks. The IPE program at Brightwater Care Group was delivered at one facility with a site IPE coordinator (0.8 FTE). Comparatively the IPE program at Helping Hand was delivered across nine sites with support of a central IPE coordinator (0.8 FTE).

The outcomes from 'Evaluating IPE in Aged Care' demonstrated that students undertaking an IPE practical placement at the respective facilities increased their understanding of dementia and cognitive decline as a result of being involved in the IPE program. This was clearly demonstrated in student interviews and a survey on students' knowledge about dementia pre and post placement. In addition, staff also commented on their improved knowledge, as detailed in evaluation forms completed after they received training conducted by the students. Additionally, it was found that residents received increased care as part of IPE student placement. For example, in 2015 residents received an additional 2670 episodes of care provided by students, that was made up of 979 one on one interactions and 1,691 participants in the group activities. Increased positive physical and emotional outcomes for residents were also reported in interviews with residents, staff, and families, and observations from focus groups and surveys.

During this time the IPE teams at Brightwater and Helping Hand developed various tools and resources to support IPE (including IPE case studies; processes for IPE student led resident groups; introduction package to aged care; IPE student timetable planner; and resources for communicating with older adults with cognitive and functional decline). While these resources were developed on an as-needs basis and are site specific they are able to be modified for use in other settings. They would need, however, to be tailored to ensure they are generalisable across other facilities in the aged care sector.

There has been no IPE toolkit developed specifically for staff working in the aged care environment or an IPE toolkit developed with a specific focus on cognitive and functional related decline. The existence of resources specific to the needs of existing staff within an aged care environment would ensure that IPE is a more sustainable option when it comes to embedding learnings from the program to staff within the organisations and also to the broader aged care sector.

Program Implementation:

The Interprofessional Education Toolkit for Staff in Residential Aged Care project represents a systematic approach to the development and implementation of a toolkit utilising a Consolidated Framework for Implementation Research (CFIR) approach.

The project objectives were:

1. To **develop** a toolkit to up skill staff to support interprofessional education and practice and to facilitate interprofessional student placements. The toolkit was based on three elements, (i) tools developed during Evaluating Outcomes of IPE in Aged Care, (ii) comprehensive review of current IPE toolkits available and (iii) new information developed by the working groups.
2. To **implement** the interprofessional education toolkit across five RAC providers (six facilities) in two different states through the delivery of training modules and one on one mentoring.
3. To **disseminate** the interprofessional education toolkit for the broader aged care sector through having information available on a web portal. This included the development of a communication plan to raise awareness of the toolkit and providing mentorship to other organisations.

This project relates to three of the Cognitive Decline Partnership Centre (CDPC) themes:

- Attitudes and culture – The toolkit will assist in creating a workforce culture in RACF that has interprofessional practice as the foundations for delivering care to better support the care needs of people with cognitive and functional decline.
- Workforce development – The interprofessional toolkit will help in up skilling the current and future workforce in interprofessional practice to enable better practice in delivering care to older adults.
- Education – The toolkit is aimed at training staff which is essential in improving knowledge, skills and practice and supporting students as part of interprofessional placements.

Four RACF in WA and two in SA who had previously provided or would like to provide student placements either from tertiary or vocational education training institutions were invited to be part of the project the implementation phase. During the dissemination phase this was widened to all RAC providers nationally.

This 12 month project began in April 2016 and was conducted by Brightwater Care Group in Western Australia and Helping Hand in South Australia who both previously evaluated IPE programs in their respective RAC facilities.

The aim of the toolkit was to provide residential aged care organisations with a resource (i) to support RACF to facilitate an interprofessional placement for students with the focus on working with residents who are experiencing cognitive and functional decline and (ii) educate staff to practice in an interprofessional environment. The ultimate goal of the toolkit is to improve the care and wellbeing of residents with cognitive and functional related decline.

2. Method

This study utilised the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009) to guide the project; conducted across three study phases: (i) development, (ii) implementation and (iii) dissemination. The five domains of the CFIR (Intervention characteristics, outer setting, inner setting, characteristics of individuals involved and the process of implementation), as seen in Figure 1, were explored to identify barriers and facilitators of implementation, monitor progress towards implementation and evaluate the outcome or impact of an intervention. It drew on the knowledge about how the IPE program achieved expected benefits and the causes, effects and factors that determine its success/failure at individual sites. The five domains guided the conduct of planned research, structure of the research questions and informed the data collection plan to ensure a successful implementation of the IPE toolkit. The CFIR was used across the three study phases, to create four versions of the toolkit. A mixed method approach was used across each phase involving five aged care organisations and six aged care facilities.

In addition to the project steering group, the study was conducted across three groups: (1) Critical Reference Group, (2) Core Working Group & (3) End users

The critical reference group (CRG) also referred to as the 'experts' was made up of individuals who were experts in the following fields; interprofessional education, toolkit development, aged care staff training, dementia or student placements. The role of the critical reference group was to review the content of the toolkit for quality and validity of the content. This involved critically reviewing the toolkit and providing feedback via a survey (toolkit assessment form) as well as participating in a workshop with other critical reference group members.

The core working group (CWG) also known as the 'implementers' was made up of individuals in charge of assisting with the implementation of the toolkit, including; senior managers, IPE champions, clinical coordinators and allied health and nursing staff. The role of the core working group was to identify the barriers and facilitators to successful implementation of the toolkit and to ensure the transferability of the toolkit across the aged care sector. This specifically involved participating in a semi-structured interview, providing feedback via a survey (toolkit assessment form) and championing the implementation of the toolkit at their respective facilities.

The aged care facility staff group referred to as the 'end users' (EU) was made up of staff members that would be using the toolkit within the aged care facilities involved in the implementation phase of the project. The role of this group was to implement and uptake the toolkit which involved participating in a pre-study survey of interprofessional student placement knowledge, providing feedback via a survey (toolkit assessment form), participating in a focus group post implementation of the toolkit and utilising the toolkit within their aged care facility.

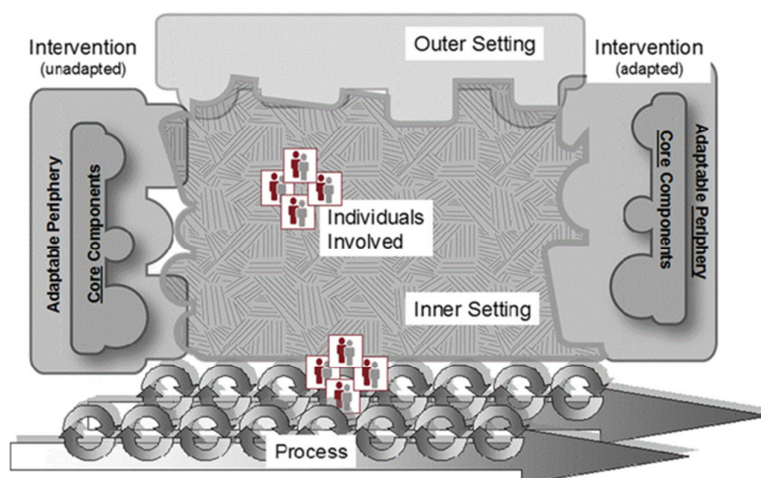


FIGURE 1. MAJOR DOMAINS OF THE CFIR (DAMSCHRODER ET AL., 2009)

Figure 2 demonstrates the phases of development with the different versions of the toolkit that were created and what was used to create each version. At the conclusion of each phase, the project group reviewed data collection and made changes accordingly following feedback from the different groups.

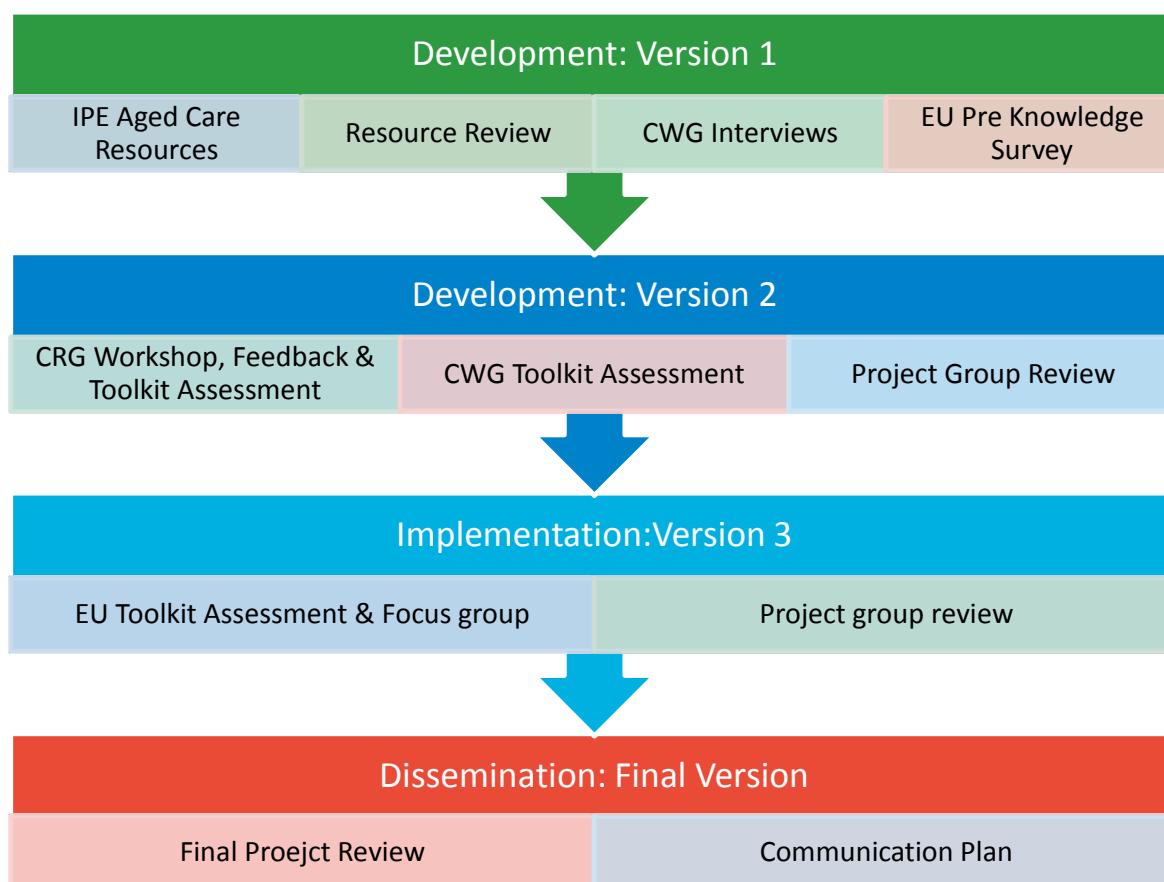


FIGURE 2. THE DEVELOPMENT, IMPLEMENTATION AND DISSEMINATION OF THE TOOLKIT AND THE DATA COLLECTION USED TO INFORM CHANGES AND CREATE EACH VERSION.

2.1 Development: Version 1

The first step in phase one was to compile resources from 'Evaluating IPE in Aged Care' that could be used in the online toolkit. A resource review was also conducted of IPE resources and educational toolkits. The working group undertook an iterative process with interviews and surveys, this enabled the development of the tool to meet the needs of the individuals that will be using it. The working group consisted of approximately 20 individuals. Prior to the initial development of the toolkit members of the core working group participated in semi-structured interviews. This enabled a more in-depth understanding of current practices and gaps regarding student placements and interprofessional student placements at facilities, informing the initial development of the toolkit.

Additionally aged care facility staff completed a knowledge/confidence survey. The knowledge survey was originally developed by Seamless Care (2008) and evaluated staff members' confidence in facilitating interprofessional student placements.

2.2 Development: Version 2

Secondly a focus group and survey was conducted with the critical reference group to explore the five contracts of successful implementation and to identify potential barriers and facilitators, consider feasibility of options and to identify the determinants of current practice.

The focus groups and surveys with the critical reference group were an iterative process to ensure all areas identified were addressed and new areas were recognised as they occurred to ensure a resource that is transferable to any setting. This group consisted of 12 individuals. Meeting notes were documented and analysed to help guide the direction of the toolkit.

The core working group also completed the same toolkit assessment survey that informed toolkit changes at this stage in the development.

2.3 Implementation: Version 3

The implementation of the toolkit across different facilities at Brightwater, Helping Hand, Uniting Communities, Catholic Homes and Amana Living was evaluated by staff utilising the tool and staff participating in training. Training was provided to 30-40 staff members. Following toolkit implementation to gather an understanding of how the IPEAC toolkit was being utilised at the involved aged care facilities, aged care facility staff participated in three focus groups. In addition, three focus groups were conducted, at different facilities to explore areas of refinement and to identify areas of discrepancies in the implementation plan.

Staff at aged care facilities also completed toolkit usage forms and provided examples of what they had begun to implement at their facilities.

2.4 Dissemination: Final Version

During dissemination Google analytics and targeted advertising were used to increase the reach of the toolkit as well as evaluate how many people were accessing the toolkit and from what demographics.

Communication plan:

Reach of the toolkit has been collected including number of approaches from other aged care organisations, collaborations with universities, conference presentations and website analytical tools such as number of visitors, popularity trends and time spent on webpage. The implementation of the tool to other aged care providers external to the CDPC has also been evaluated using surveys and interviews to allow the toolkit to be refined and reinforce the toolkit is transferable.

2.5 Data Analysis

2.5.1 Quantitative Analysis

Data analysis was conducted using SPSS version 21.0 (SPSS Inc., Chicago, IL, USA). Descriptive statistics were used to summarise the quantitative data. Independent t-test, non-parametric tests or paired t-test were conducted as appropriate to explore differences between facilities involved. Content analysis was used to explore the open ended questions.

2.5.2 Qualitative Analysis

The semi-structured interviews and focus groups were conducted by either the Project Officers or the Research Officer. Focus groups and interviews were conducted on site, audio recorded and transcribed verbatim, excluding two aged care facilities in which notes were recorded. Transcriptions were checked for errors against the tape versions to ensure accurate and authentic reproduction and de-identified to ensure confidentiality. Thematic analysis was completed for all qualitative data. Each transcript was reviewed several times to acquire a sense of flow and to generate a list of key ideas by two researchers independently. Key ideas were brought together and preliminary categories developed with the assistance of the software package NVivo 10 (QSR International Pty, Ltd, Melbourne, Vic. Australia). Categories and codes were reviewed by the researchers for relevance and from this meaningful themes were developed.

2.6 Ethics

All participants were provided with an information sheet outlining the project and were invited to participate in the study. All involvement was voluntary and participants could choose to withdraw from the study at any time. Any personal information was only available to the researchers, and all identifying information was removed from the surveys, interviews and focus group/workshops.

Human Research Ethics Committee approval was obtained from The University of Western Australia (RA/4/1/6257).

3. Findings

The following section will describe the findings and outcomes from the project at each stage of toolkit development. Findings will be presented by each phase of the toolkit; phase one: Development, phase 2: Implementation and phase 3: Dissemination. The findings will show changes made to the toolkit as a direct result of the data collected at the conclusion of every version created.

3.1 Phase1: Development (Version 1)

The development phase consisted of creating the first two versions of the toolkit. The first draft of the proposed toolkit was created using resources that were used in an 'Evaluating IPE in Aged Care' at Brightwater Care Group and Helping Hand. A resource review was undertaken of IPE and online toolkit materials respectively and preliminary interviews were conducted with the core working group.

3.1.1 Resources Developed During 'Evaluating IPE in Aged Care'

'Evaluating the outcomes of IPE aged care' ran from 2013-2015 at Brightwater Care Group and throughout 2015 at Helping Hand. During this time many resources were developed to facilitate interprofessional student placements at each organisation. A summary of findings from this activity can be found here: <https://www.brightwatergroup.com/research/123-activity-9-ipe-consumer-report-final/file>

A review of these resources was conducted in the initial development stage of the toolkit to identify and create resources that could be transferable to other aged care providers and facilities. The project coordinator and project officers compiled the resources and categorised them according to use before removing facility specific details and creating transferrable templates.

3.1.2 Resource Review

Concurrently to reviewing the resources used in 'Evaluating IPE in Aged Care' project officers conducted a review of both IPE resources and educational online toolkits to understand gaps in resources for aged care staff conducting student placements. The review revealed there was no online toolkit for interprofessional education specific to aged care. The online toolkits reviewed are outlined in Table 1.

TABLE 1. RESOURCES REVIEWED IN THE CONSTRUCTION OF THE IPEAC TOOLKIT

The Partnered Learning Project	
University of Washington - Centre for Health Sciences Interprofessional Education, Research and Practice - Faculty Development IPE Training Toolkit	
Available from:	http://collaborate.uw.edu/educators-toolkit/faculty-development-training-toolkit/faculty-development-ipe-training-toolkit.html
A short online toolkit aimed specifically at educators training other educators to be IPE facilitators/educators. It outlines IPE competencies in a downloadable document, audience, purpose,	

teaching methods as a document for download followed by three activities. Each activity has an introduction containing time and objectives followed by required materials and links to these resources. Finally the activities include competencies for IPP specific to the activity. This toolkit has a good outline of activities and resources for these activities are easily accessible.

WA Clinical Training Network – On Track eLearning Package

Available from: http://www.health.wa.gov.au/wactn/home/wachs_resources.cfm

This online package is an interactive training course aimed at rural and remote health professionals that supervise student placements. It consists of ten training modules that range from 30-60 minutes in duration and are interactive video/photo teachings. The modules contain extensive information refined and presented in logical processes for easy information transfer and are important to consider when outlining necessary information to include in an IPE toolkit.

University of Manitoba – Interprofessional Practice Education in Clinical Settings Toolkit

Available from: <http://umanitoba.ca/programs/interprofessional/tools/>

The toolkit is available on the same page as a number of IPE resources and reports and contains an introduction to IPE and three modules; site preparation, exposure learning activities, immersion learning activities. Modules are separated for facilitators and students. Modules are not interactive and are presented in report format, they are separated by sessions, each session includes learning objectives, information about a topic and an activity associated with the learnings linked to tools in the appendix. Includes an Appendix with all resources; a detailed chart of roles and responsibilities for each possible health care professional could be useful in an aged care toolkit.

National Centre for Interprofessional Practice and Education – Preceptors in the nexus toolkit

Available from: <https://nexusipe.org/engaging/learning-system/preceptors-nexus-toolkit>

The toolkit is based on a webpage and is semi interactive, it is split into three groups; preceptor as a learner, preceptor as interprofessional educator, preceptor as interprofessional champion. When choosing a topic information such as facilitator role, learning objectives, suggested approach and proposed agenda pop up with links to resources attached. This could be improved with greater context on when to use which education tool.

Edith Cowan University – Dementia an Interprofessional Presentation Facilitator Manual

Available from: http://www.ecu.edu.au/_data/assets/pdf_file/0011/357734/Dementia-Facilitator-Manual.pdf

Baycrest Toolkit for Interprofessional Education and Care (IPE/C)

Available from: <http://www.baycrest.org/wp-content/uploads/Baycrest-Toolkit-for-Interprofessional-Education-and-Care.pdf>

This toolkit is in a pdf report format and provides links to external resource tools to create IPE opportunities. It has a surface focus on aged care that could be enhanced through linking specific connections and aged care tools – a greater aged care focus in tools rather than a simple explanation

of the importance of IPE in aged care. Tools are organised under easy to access specific headings.

Preceptor Education Program

Available from: <http://www.preceptor.ca/PEP-modulespage.html>

Learning module format rather than a toolkit. Useful for module titles and sequential layout shows things to include that may possibly be left out.

http://www.health.wa.gov.au/wactn/home/wachs_resources.cfm

[http://www.health.wa.gov.au/wactn/docs/SCIPE Supervisors Manual v1.3 May 2014.pdf](http://www.health.wa.gov.au/wactn/docs/SCIPE_Supervisors_Manual_v1.3_May_2014.pdf) (great resource and examples and linked to intranet)

<http://www.meddent.uwa.edu.au/community/bethanie>

<http://www.meddent.uwa.edu.au/community/ambulatory-care-project>

<http://www.meddent.uwa.edu.au/community/bethesda>

IPE Toolkit: A Toolkit to Assist in the Planning and Implementation of an Interprofessional Education Program for Healthcare Students <http://www.partneredlearningproject.ca/>

<http://collaborate.uw.edu/educators-toolkit/faculty-development-training-toolkit/faculty-development-ipe-training-toolkit.html>

It has some useful resources and provides a good example of a web based toolkit.

The [http://www.heti.nsw.gov.au/Global/SPE/ICTN/SICTN IPL%20Resource%20Lit%20Scan.pdf](http://www.heti.nsw.gov.au/Global/SPE/ICTN/SICTN_IPL%20Resource%20Lit%20Scan.pdf) provides a review of student resources/toolkits for IPE

3.1.3 Core Working Group Semi-Structured Interviews

Preliminary interviews were conducted with the core working group (aka the 'implementers') to identify the barriers and facilitators to successful development and implementation of the toolkit and to ensure transferability of the toolkit across the aged care sector.

In total 17 interviews were conducted across a large range of professions that included Social Worker (x1), Occupational Therapy (x2), Physiotherapy (x2), Enrolled Nurse (x3), Registered Nurse (x5), Care Worker (x1), Speech Pathology (x1), Therapy Assistant (x1) & Manager (x1).

Twelve interviews were conducted with core working group members in Western Australia and 5 were conducted in South Australia. Interviews lasted between 7 minutes 52 seconds and 38 minutes and 40 seconds. On average interviews went for 16 minutes in duration.

Interviews revealed current processes regarding student placements at many facilities were unstructured and involved students shadowing staff from their own profession. Some group members indicated their facilities did try and collaborate amongst professions however this was not a priority or formal process. Some interviewees expressed a current reliance on university facilitators and supervisors to manage student learning.

The level of prior IPE knowledge varied among interview participants, five out of 12 interviewees from WA (42%) did not have any knowledge of IPE at the time of interview. The remaining core working group members understood the general concepts of collaboration among different professions however did not have an in depth knowledge of IPE. Note – Interviews in SA did not discuss prior IPE knowledge. It is apparent in a number of the interviews some members of the core working group were not familiar with the IPE toolkit concept. All said they would be happy to use the IPE toolkit on site however some interviewees seemed to believe that students would use the toolkit and only students that expressed interest.

All interviewees believed having students at their facility was beneficial to residents many stating it was good having ‘an extra pair of hands’. Students were valued for their new ideas and their ability to spend one on one time with residents. One interviewee noted they believed students were not being used to their full potential at their facility ‘I think there is so much potential that the students could bring to our facility cos I’m only there one day a week so the little jobs that you want to get to go on the back burner so you could have the students umm doing life story books and really getting to know a resident and holistic approach umm which the other staff members will benefit from as well’.

Many core working group members said they thought an IPE toolkit would be helpful if it provided a consistent framework and direction for student placements that staff could follow, providing overall guidance to student placements. One core working group member stated staff needed guidance to make students more than just extra help at their facility and to ensure students received a higher level of learning, ‘Definitely I think because we need guidance and the students need to know where they go for guidance and if there is something there that they can use and make them use then that would be very good.’

Core working group members identified a number of different barriers to the implementation of the IPE toolkit within aged care facilities.

Individual Barriers
- Attitudes of site staff towards students
- Lack of knowledge of IPE of all stakeholders
- Lack of understanding of the key concepts that make IPE different
- Staff perceptions of student attitudes and work ethic
- Staff believing students are there to take on the extra work staff can’t do
- Individual’s decision to use the toolkit
- Reluctant to change
- No ownership of role in educating students of other disciplines
Facility Barriers
- Lack of physical space for students within a facility
- Full support from management – require absolute commitment from whole site
- Systemic methods of working separately
- Time restraints
- Very few fulltime staff
- Technology availability on site is poor

University/Student Barriers
- Staff reliance on external student facilitators – the university supervisors of the students
- The goals of the facility and of the university not aligning
- No input into the student program – all university decision
- Student's lack of understanding of expectations from an aged care placement
- The students are starting at different times and year level
- Sporadic student placements
Strategies to overcome barriers:
- Ensuring the right attitude and keeping a focus on the benefits to residents
- Clear definition of goals of clinical supervision vs. goals of IPE supervision – IPE should expand clinical supervision
- The toolkit needs strong guidelines, standards and criteria that have to be met
- Criteria need to be realistic
- Orientate staff to the toolkit
- Increase communication between staff
- Make the toolkit interactive
- Involve staff in the process of creating the toolkit
- Make the toolkit quick and easy
- Have a formal talk to introduce the toolkit to staff to ensure everyone is clear on student placements
- Write as a guideline rather than a one size fits all approach for all disciplines
- Promote the toolkit well and demonstrate positive results and the benefits to staff
- Remove student's fear and teach staff to encourage students on placement
- Support for the toolkit from management
- Reinforce the toolkit in meetings – this is what we are doing and why
- Use actual cases for case studies
- Keep it relevant to facility staff
- Communicate with university facilitators about the IPE toolkit

3.1.4 Aged Care Facility Staff Pre Knowledge Survey

The pre implementation survey was conducted from May to September 2016 across six different facilities to gain an understanding of the staff confidence levels in facilitating student placement and in particular interprofessional student placements.

Error! Reference source not found. indicates the number of staff at each facility that completed surveys as well as how many surveyed staff currently supervise students. Over half of the respondents currently supervise students (55%), however this varied from facility to facility. The number of students they supervised per year ranged from 1 to 190, however this was dependent on rotations and different impacting factors. The length of students stay also ranged from 1 week to 14 weeks depending on the discipline.

The majority of the respondents were care workers, which was as expected, a summary of care delivery team members that responded to the survey can be seen in **Error! Reference source not found.**

TABLE 2. STAFF COMPLETING KNOWLEDGE SURVEY BY FACILITY AND SUPERVISION OF STUDENTS

Site	Number of staff	Number of surveys completed	Response Rate	Currently Supervise Students	Percentage of Facility
1	111	40	36%	19	47.5%
2	141	31	22%	15	51.7%
3	Unknown	21	Unknown	12	57.1%
4	38	9	24%	6	66.7%
5	159	21	13%	17	81%
6	166	9	5%	2	22.2%
Total	Unknown	131	Unknown	71	55%

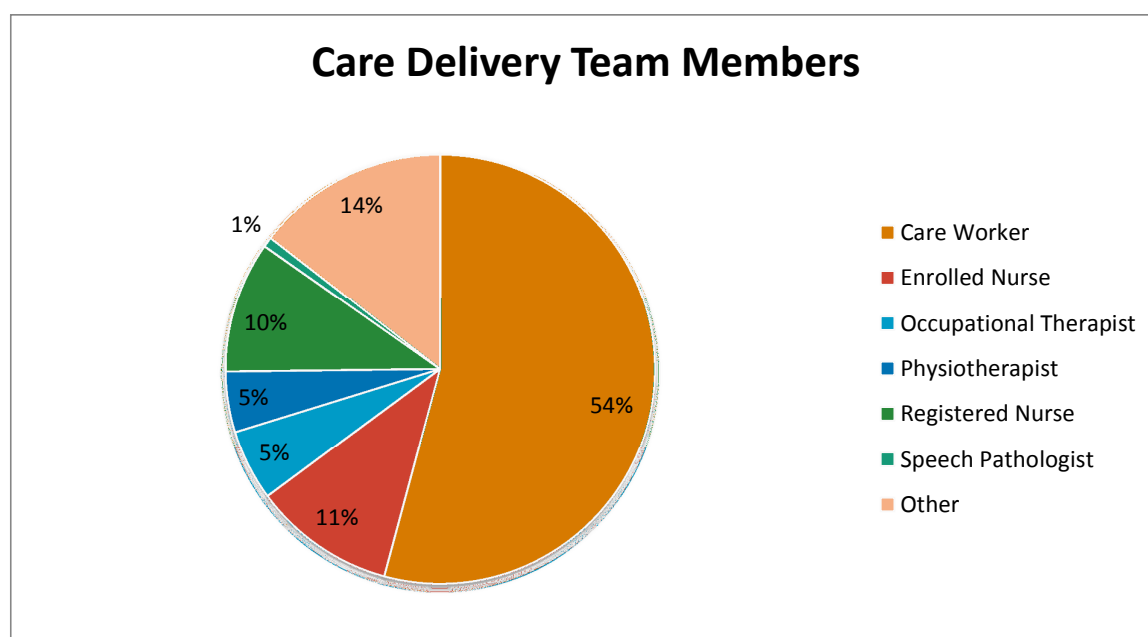


FIGURE 3. CARE DELIVERY TEAM MEMBERS COMPLETING THE KNOWLEDGE SURVEY. OTHER INCLUDES: ADMINISTRATION, MANAGERS, THERAPY ASSISTANTS, QUALITY COORDINATOR, SOCIAL WORKERS & VOLUNTEER COORDINATOR.

Of the 58 respondents that said they currently do not supervise students the explanation from respondents were they worked afternoon/evening/weekend shifts, a new employee, a casual/part time employee, haven't been asked, don't have the opportunity too, lack of experience, time commitments, not a requirement of the role. However, 57% stated that they would like to supervise students in the future.

The level of confidence in staff's ability to carry out the aspects of their role or their potential role as a supervisor was evaluated. Respondents identified their confidence in facilitating student

placements and interprofessional learning on a scale of 1-10, where 1 represents very low confidence in their ability and 10 represents high confidence in their ability.

TABLE 3. MEAN LEVELS OF CONFIDENCE ON A SCALE OF 1-10 FOR STAFF THAT CURRENTLY DO AND DO NOT SUPERVISE STUDENTS

	Mean	
	Currently Supervise Students	Currently Do Not Supervise Students
Helping students from different professions to form a team.	7.79	6.86
Helping students from different professions to resolve problems in an interprofessional team.	7.51	6.55
Helping students from different professions to develop a realistic appropriate resident care plan.	7.60	6.41
Helping students from different professions to understand their respective roles in an interprofessional team.	7.79	6.88
Helping students from different professions to understand the benefits to residents of team care.	8.04	7.20
Explaining and discussing the objectives of interprofessional learning.	7.51	6.69
Interacting with clinicians and/or faculty members* from other professions and disciplines than my own. * Clinicians and/or faculty members may be from any of the health professions.	7.62	6.76
Providing feedback to an interprofessional team on their function and work as a team.	7.94	6.75
Providing feedback to individual team members of an interprofessional team on their function and work on the team.	7.67	6.61
Helping clinical sites understand an interprofessional team's role in a clinical	7.37	6.11

setting.		
Helping the resident to understand the objectives of the interprofessional learning.	7.79	6.73
Evaluating the quality of the work as an interprofessional team.	7.58	6.75
Evaluating the degree to which an interprofessional team has achieved its goals.	7.62	6.50
Helping students to evaluate the quality of their work as an interprofessional team.	7.60	6.91
Helping students to evaluate the degree to which they have met their objectives in an interprofessional team.	7.63	6.75

1 – Low confidence, 10 – High confidence.

3.2 Phase One: Development (Version 2)

The second draft of the toolkit was created following a workshop involving the critical reference group and toolkit assessment forms from the critical reference group and core working group. Both of these groups were provided with a print version of the initial draft (version 1).

3.2.1 Critical Reference Group Workshop

Seven members of the Critical Reference Group (CRG), compiling experts in the fields of interprofessional education (IPE), student placements, aged care staff training and dementia came together for a four hour workshop to discuss the first draft of the IPEAC Toolkit. CRG members firstly critiqued the properties of the toolkit in a nominal group activity in which they wrote three positive aspects about the toolkit and three suggestions for improvement. Commonly positives and suggestions were grouped into the same topics as what was being done well could also be improved on. Following this activity a table discussion asked participants for their thoughts on the implementation and dissemination climate of the toolkit. Areas investigated included if the toolkit covered gaps in IPE resources, if the content was appropriate for the aged care workforce and if the toolkit was specific to caring for people with cognitive decline.

Intervention Characteristics

Content and volume of content

While the group agreed they were pleased with the content included in the toolkit a number of issues were raised about the volume of content included. Positive aspects of the toolkit included broadening the horizons of what student placements look like, examples of outcomes, education and the focus on evaluation of the benefits to residents. Suggestions to improve the toolkit were to remove repetitive sentences and remove unnecessary words from sentences. Reducing the content

included reducing large examples such as a student presentations and student planners, it was suggested to instead include screenshots of these or suggest as an activity without a detailed example. Grouping information in staff or student categories was also a suggested strategy to reduce content. The toolkit should provide users with some ideas to trigger them to develop their own ideas - *"It is about the concept not the content."*

Format and Structure

The CRG liked the module format and use of images throughout the toolkit. It was suggested to improve this by including more visuals and colour and making it possible for small sections of the toolkit to be navigated alone. One member also suggested using the format and structure to engage with those staff members who say they have little time.

Resources and More Information

The use of resources such as videos and links in the toolkit to further the learnings of staff was highly regarded by the CRG. The Templates in the toolkit designed to be downloaded by staff were said to be very helpful in enabling staff to get started and run IPE placements.

To improve resources the CRG requested more information be included in the toolkit in some key areas such as evidence based practice by including clinical practice guidelines links and engaging with professional associations. More variety in the listed professions to not exclude anyone from an IPE placement in aged care and a greater distinction for the end user experience was also suggested.

The introductory message provided by the toolkit needs to include a stronger selling point to draw staff, management and the organisation in by detailing the benefits to all three of those groups.

Outer Setting

There is currently a large amount of information on frameworks and theory around IPE however this toolkit bridges the gap in practical information. The toolkit provides a new opportunity for IPE theory to be put into practice by aged care facilities.

The CRG discussed making the most of outside resources such as university resources to overcome barriers that may be faced by some aged care facilities. The availability of specialised clinical equipment and technology such as laptops which are a key element in enabling IPE could be increased if aged care facilities communicate these needs with universities that require their students to go on placement.

Further external resources such as information and guidelines from professional associations were recommended to be included. Specifically information about dementia and cognitive decline was highlighted as an area that should be linked to external sources. Referring to the National Health and Medical Research Council (NHMRC) Guidelines on dementia will ensure that the dementia and cognitive decline information provided in the toolkit is best practice and up to date. Further to this the removal of specific examples was suggested to ensure staff using the toolkit are always using best practice.

The CRG group recommended the templates in the toolkit become less specific to ensure the information could be used by all aged care facilities. The toolkit would be transferable to other organisations and facilities if examples and templates promoted users to think of their own

examples. Providing ideas for facilities to use encourages further thought and does not turn away facilities with a different setting to the majority.

Inner Setting

Concerns were expressed regarding the toolkit being hosted on the Brightwater Care Group website as the information in the toolkit needs to be current following the project period and updated regularly. CRG members suggested Brightwater take ownership of the toolkit and put measures in place to ensure the IPEAC Toolkit is a priority in the future without a funding body. To make this update process easier and ensure the toolkit is promoting best practice the decision was made to decrease the specificity of information provided in the templates. Providing generic templates that staff can fit to their own facility allows the toolkit to be transferable as well as feasible for Brightwater to update in the future.

Engaging the management staff of facilities involved in implementation was said to be a key factor influencing the success of implementation. The CRG said facility managers should be informed of how the toolkit works and who it should be used by, it was also suggested managers receive a different level of communication regarding the toolkit. The key messages to management should be the cost benefits and resident benefits of running IPE student placements.

One identified barrier to the implementation and use of the toolkit was the resources available to facility staff. The access to the toolkit when staff are working on floor will be limited if they do not have computer access. It was suggested to provide printed hardcopies of the toolkit in facility staff rooms to increase the availability. Some sites will also need to adapt their computer systems to allow demonstration videos in the toolkit modules to be seen by facility staff.

Process

To engage facility staff members to utilise the IPEAC Toolkit it was suggested positive and enticing language be used specifically on the first page of the toolkit. The beginning of the toolkit should specify what staff are going to gain from using the toolkit and how residents will also benefit as people need to know what they're looking at before they click on it. Marketing and communication material should generate interest and understanding in this target audience through a powerful initial message.

The group was unclear of the target audience of the toolkit and suggested it needed to be tailored further to be specific to clinical facility staff, however wanted to ensure it could still be used by all staff members working in residential aged care. Further to this the group recognised the need for champions on site to be developed using the expertise of management.

The communication plan should include different communication strategies for the different groups using the toolkit, for example management, clinical staff, care staff, staff that do currently supervise students and staff that don't currently supervise students. During implementation it was suggested to have small flyers or templates for care staff and managers and the full toolkit for clinicians.

It is very important to the success of the toolkit that university staff and supervisors are aware that whilst on placement a student will be completing an IPE placement, thus in implementation phase communicating with universities will be essential to ensure the toolkit is used to its full potential.

The CRG suggested having a formal launch day for the toolkit during dissemination and inviting professional associations and key stakeholders along to a collaborative forum.

3.2.2 Critical Reference Group Toolkit Assessment

Members of the Critical Reference Group were provided a print or electronic version of the IPEAC toolkit prior to participating in the Critical Reference Group Workshop and gave feedback on the toolkit using the toolkit assessment form. Six people provided feedback and Figure 4 outlines their responses to closed ended questions about the IPEAC toolkit structure, appearance and content. Group members were asked to rate aspects of the toolkit on a three-point likert scale as 'poor', 'average' or 'good'.

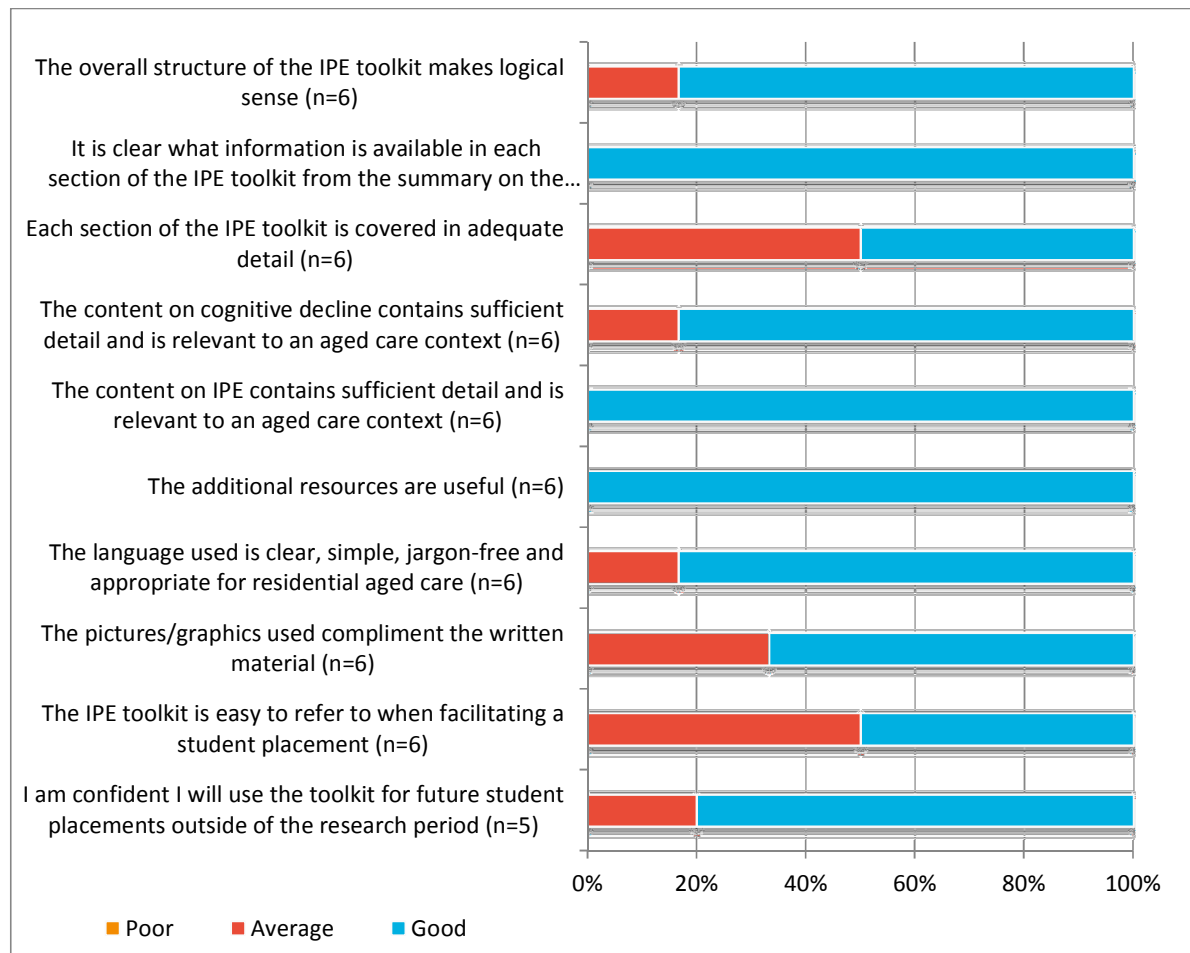


FIGURE 4. CRITICAL REFERENCE GROUP RESPONSES TO CLOSED ENDED QUESTIONS REGARDING TOOLKIT STRUCTURE, APPEARANCE & CONTENT.

Members of the Critical Reference Group provided valuable feedback in the toolkit evaluation to inform the future direction of the toolkit. All members said they would recommend the toolkit to others.

The overall structure and modules of the toolkit was recognised to 'work well' and 'support flexibility in access', including the videos and templates. However, the content was 'too wordy' and 'too specific'. It was suggested to remove any content that is repetitive and to review contents 'as to what is vital for a user friendly document and what is not necessary to support staff'. Using more

pictorials would help to remove some detail and make it more appealing to the readers. Additionally, removing specific examples would enable the document to remain universal and ensure that it remains relevant in an environment that is constantly changing with terminology and evidence of best practice.

To assist in incorporating the toolkit onsite some suggestions included, having 'more practical tips', more information on how to engage staff in student placements, sharing the resources to educational providers, utilising websites that facilitated connection between, provider, educational organisation, the facilitator and the student (e.g. SONIA) and having an 'organisational approach' to student placement.

Ensuring the toolkit didn't have any gaps in information it was suggested to add the following resources including links to the latest dementia guidelines, YouTube clips about IPE in practice and to ACFL.

Promotional ideas to help in the dissemination of toolkit included conducting a launch session with facilities managers and leading aged care bodies and promoting awareness and encouraging use of the toolkit through professional associations, TAFEs and universities. This could be achieved both in South Australia and Western Australia.

3.2.3 Core Working Group Toolkit Assessment

Members of the Core Working Group were provided a print version of the IPEAC toolkit and gave feedback on the toolkit using the toolkit assessment form. Fifteen people provided feedback and Figure 5 outlines their responses to closed ended questions about the IPEAC toolkit structure, appearance and content. Group members were asked to rate aspects of the toolkit on a three-point Likert scale as 'poor', 'average' or 'good'.

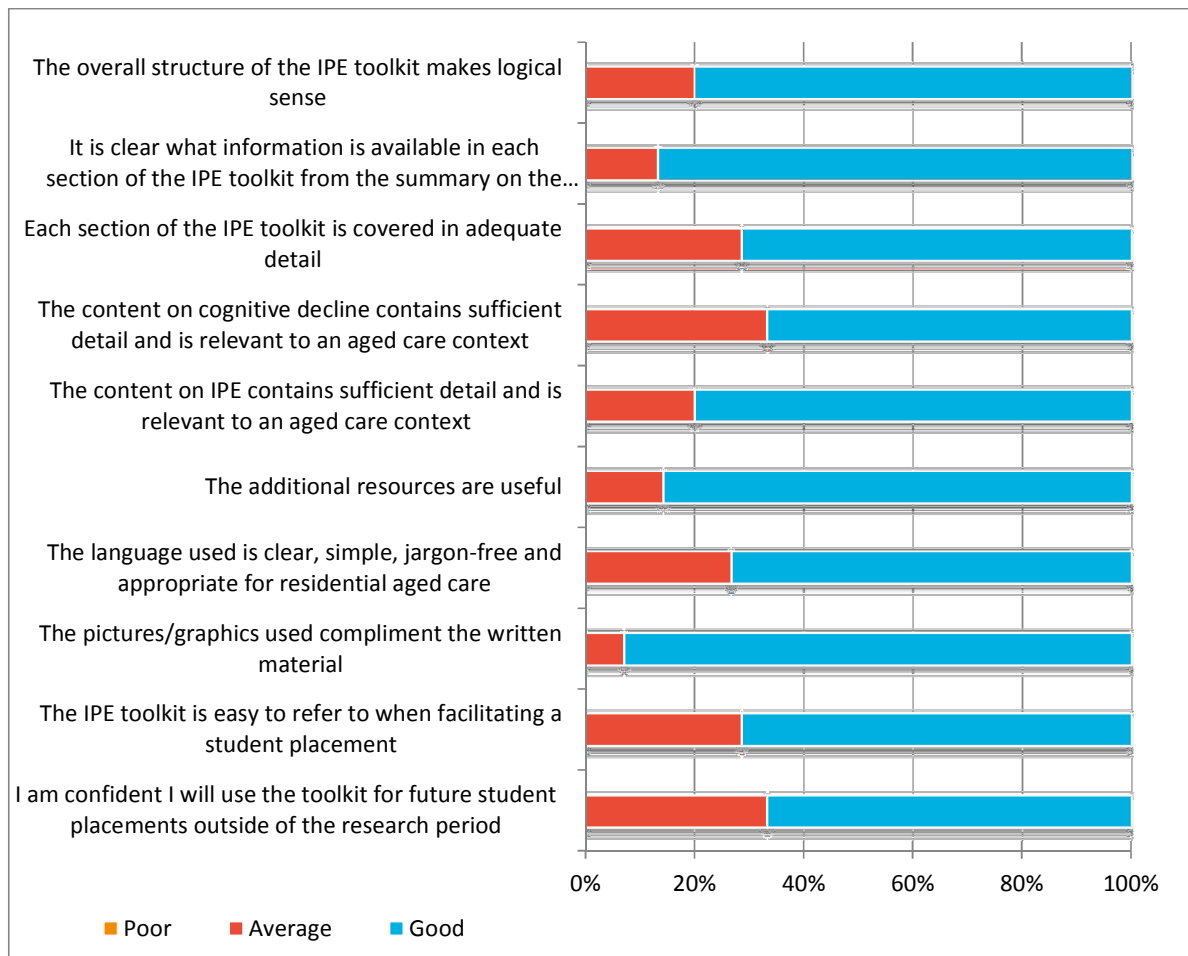


FIGURE 5. CORE WORKING GROUP RESPONSES TO CLOSED ENDED QUESTIONS REGARDING TOOLKIT STRUCTURE, APPEARANCE & CONTENT.

Members of the core working group believed the toolkit structure was easy to follow and well organised, the coloured sections and images made the toolkit easy to navigate. The templates, additional resources and links were said to be very useful.

Parts of the toolkit were deemed repetitive and some respondents said the toolkit was too ‘wordy’ and could be improved by using less words and lesser detail to enable better use by floor staff. Some respondents suggested the list of equipment in module 2B should be removed as the items are not generally available in residential aged care facilities and another respondent said the items were too clinically focussed.

Core working group members had a wide variety of suggested changes. More information on dementia and cognitive decline was requested such as how to communicate with this population and one member suggested for this to be in a separate section. Respondents suggested detailing how much time staff should be spending with students from beginning to end of their placement and also requested definitions around what IPE looks like in practice and a comparison of traditional and interprofessional student placements.

Core working group members suggested adding information on desirable abilities and attributes of mentor staff members and also recommended including occupational health and safety and infection control protocol information.

Open ended responses from the core working group identified suggestions for the toolkit. These suggestions focussed on additional areas of content that should be included (such as 'education on death and palliative care', 'information on how to engage staff' and 'include information on working with students with English as a second language'); tips on information (such as 'more case studies' and 'have an emphasis on broader care delivery'); feedback on the visual presentation (such as 'have an abbreviated version for floor staff', 'have a tab for people who say they are too busy' and 'have images of younger students') and other varied responses (such as 'Mention lifestyle and Hotel services staff' and 'Have more practical hints on the tips icon rather than conceptual'). This feedback from the core working group was invaluable in contributing to the further development of the toolkit and ensuring it met industry needs.

3.3 Phase 2: Implementation (Version 3)

The implementation phase consisted of delivering training on the IPE toolkit and providing follow up visits facilitated by both the IPE coordinator and project officers for the participating sites. The number and duration of training sessions varied from site to site depending on what worked best for the participating sites. Table 4 outlines the training and follow up visits provided to each site during the implementation. The training was based on the four modules of the IPE toolkit delivered in a semi-structured informal manner to enable interactions between the facilitator and staff. PowerPoint slides were provided to staff to enable them review the content after the training delivery.

TABLE 4. OVERVIEW OF TRAINING PROVIDED AND NUMBER OF FOLLOW UP DURING THE IMPLEMENTATION PHASE

Site	Number of training sessions and duration	Number of staff attended	Number of follow up visits
1	2 x 1-1.5 hour sessions	7	0
2	2 x 1-1.5 hour sessions	6	2
3	2 x 1-1.5 hour sessions	5	0
4	1 x 2.5 hour session	3	1
5	1 x 2.5 hour session	6	1
6	1 x 2.5 hour session	8	3

3.3.1 Aged Care Facility Staff Semi-Structured Focus Group

Three Focus groups were conducted with aged care facility staff following the implementation phase of the project. These occurred at two facilities in South Australia and one facility in Western Australia. One focus group was audio recorded and transcribed whilst two focus groups had notes recorded on participant's responses to each question. Nine facility staff members participated in the focus groups including clinical, care and management staff members. The analysis of the focus groups identified three prominent themes; processes, time and practical resource.

Processes

Aged care facility staff found that the IPEAC toolkit had provided them with a structure to student placements and interprofessional student placements. Staff commented that the toolkit had provided a systematic and formalised approach to students that previously had not been in place. One staff member said *'now that we've got these tools formally and not just as an, as experience in our heads we would be more inclined to use it, and follow that more formal approach rather than just making it up as we go along'*. This structure of placement was also discussed as an improvement to the level of support and education provided to students, one staff member saying *'it formalises the process of students. It helps to enhance successful placement and student learning. It helps to create a good learning experience over a bad one'*.

Time

Staff expressed that the time they had to facilitate student placements was a barrier for utilising the toolkit, although the toolkit did help to provide knowledge to staff who often don't have time to implement new practices. One staff member reflected *'Staff don't have time, so this helps to build knowledge'*. Further to this, one facility expressed the timing of the project did not coincide with multiple student placements at the facility and found it challenging to utilise the toolkit as a result, they also believed students needed longer than two weeks to be immersed in an IPE placement. However staff did say they would use the toolkit in future if there were more groups of students and believed there were parts such templates they would make use of regardless.

Practical Resource

Staff appreciated the toolkit as a practical resource for both student placements and to increase their own knowledge. The information regarding what to do prior to arrival of students and dementia specific resources were well regarded by staff, as well as additional links and discipline information. One staff member said *'Additional specific discipline information was very useful. Has allowed us to understand different ways how we might work with new disciplines'*. Staff also commented that the toolkit provided *'On the job tools. Helps to move from students always in a shadowing role'*, another staff member said the toolkit enabled staff to *'Identifies different opportunities during student placement'* and similarly one staff member commented *'it has given us a different outlook. How it can assist in provision of services'*. Staff had suggestions such as 'simpler handouts', 'student checklists' and 'smaller kits for staff to use' to improve on the practicality of the toolkit.

Aged care facility staff commonly revealed the IPEAC toolkit had provided them with a reference structure when hosting student placements, these findings are limited by the time provided for

toolkit implementation as one facility did not have any student placements during implementation. It appears the greater amount of time facilities have to utilise the toolkit will assist in increasing its use and resource uptake. As the toolkit was designed to be used in part as well as whole, focus group discussions indicate this is how it is being utilised at facilities implementing the toolkit.

3.3.2 Aged Care Facility Staff Toolkit Assessment

During the implementation phase of the study training was provided to aged care facility staff members from five organisations (Three in WA and Two in SA). As part of the study the aged care staff at the training were invited to provide feedback about the toolkit. Residential aged care staff completed a 17 item questionnaire; the toolkit assessment form. Twenty-three people provided feedback and Figure 6 outlines their responses to closed ended questions about the IPEAC toolkit structure, appearance and content.

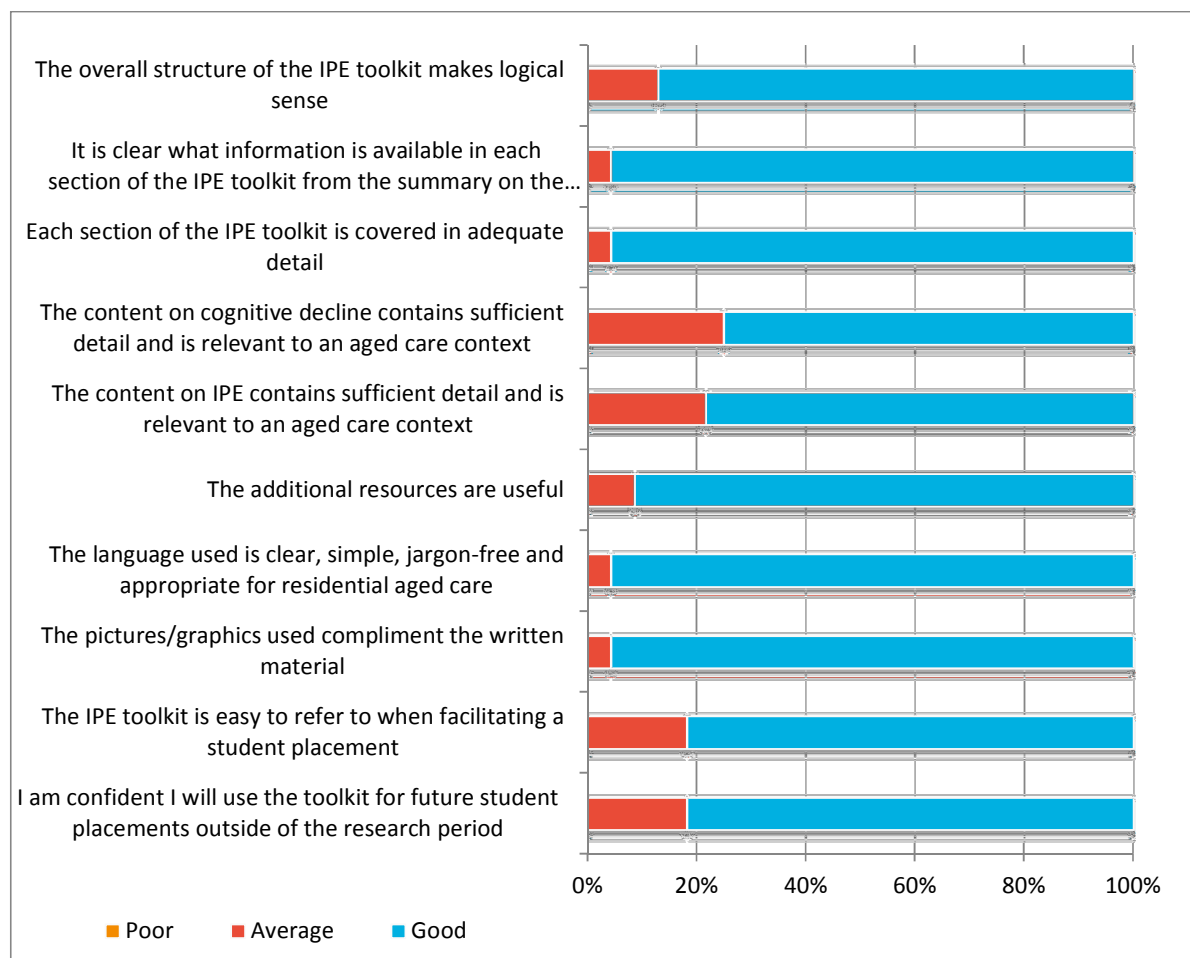


FIGURE 6. AGED CARE FACILITY STAFF MEMBERS' RESPONSES TO CLOSED ENDED QUESTIONS REGARDING THE STRUCTURE, APPEARANCE AND CONTENT OF THE TOOLKIT.

The majority of staff members believed the toolkit structure and information available was good, it was suggested by two respondents that each module or section have a more extensive drop down menu to show in greater detail what each section held without needing to go to each page.

The analysis suggests staff believed the wellbeing and cognitive decline resources were great and it was suggested the cognitive decline activity section could be improved and made easier to find. One

respondent said their facility was looking into using this section of the toolkit as an educational tool for their own staff.

Staff were mostly confident they would use the toolkit for future student placements one respondent commenting that it would depend on management.

Staff were asked what they believed worked well and the majority believed the toolkit was a useful, easy to use resource. The templates, practical tips and additional resources such as videos and links were well regarded and materials that detailed what organisation needed to be done before placement was said to be particularly useful. One participant suggested having all templates on one page would be useful as a central way to find resources. A small number of respondents suggested that staff required more time to use the toolkit in a practical setting while student placements were occurring before they could provide any feedback.

"I like how everything is put into sub groups, makes it easy to navigate. I feel the toolkit will increase my confidence in having students on site and I feel this can only lead to a more enhanced learning experience by the students as a result. Thank you to the team behind making this resource available. I personally think it's a great benefit"

Increasing content on high care dementia and cognitive decline was suggested by two respondents as well as having a shortened print version of the toolkit available in staff areas.

Nineteen responding staff members said they would recommend the toolkit saying it was good for confidence in facilitating placements, the materials could be easily incorporated into facilities and was flexible in how it could be used.

When asked for suggestions on what additional resources to include staff suggested a discussion thread, link to ACFI, a general description of different professional roles and information on insurance obligations.

Staff suggested promoting the toolkit at ACSWA conferences, clinical forums, staff meetings, occupational therapy interest groups, organisation training days and in flyers or handouts placed at work stations or staff rooms. Staff providing further comment raised issues regarding staff time whilst one staff member suggested making a similar resource for carers.

3.3.3 Toolkit Usage

Throughout implementation facilities recorded what components of the toolkit they were incorporating into practice. A summary of how staff began to incorporate the toolkit can be seen in Table 5.

TABLE 5. TOOLKIT USE REPORTED BY FACILITIES DURING IMPLEMENTATION

Site	Date	Templates Utilised	Comments
1	21/11/2016	Student sign in register	The student sign in register has been printed off and now being used at the site
	06/02/2017	Facility continues to use the Student sign in register .	All staff report they will use more when they have students. They are interested in guiding their students to the IPEAC resource section to

Site	Date	Templates Utilised	Comments
		Student contact sheet is just commencing use now.	better support student placements.
	20/02/2017	Orientation document checklist for staff, placement confirmation letter, student contact list and student feedback form	Staff member requesting we enter their facility name and organisation logo to requested templates as their computer skills were lacking and unable to do so. Therefore, this was done and all listed templates were sent on the 20/02/2017 to utilise for the student placements commencing this week.
4	03/01/2017	Student planner	Staff state they haven't had students yet but intend to use the student learning needs profile and will use our orientation checklist to extend their own. They also report intentions of asking students to complete the Dementia Dynamics Toolkit on day one of their placement.
5	14/12/2016		Email sent with student preparation sheets templates (not in IPEAC toolkit), the link to the toolkit and further information on activities social work students could be involved in during an residential aged care placement as requested at IPEAC toolkit training on 09.12.16
	30/03/2017		Have set up a monthly intake for PCW/Care workers with formalised induction process based on IPEAC induction ideas. Have hosted 50 PCW and 30 EN students since IPEAC toolkit training
6	08/12/2016		Manager has nominated 2 key workers to assist in developing interprofessional activities for students. Meeting to be set in New year to explore activities
	14/12/2016		Keen to set up Speech Pathology students working with care worker students to develop life stories with residents. Meeting held 15.12.16 to plan out activities
	21/02/2017		Initial planning for student hub at Mawson

Site	Date	Templates Utilised	Comments
			Lakes based on IPEAC toolkit
	27/02/2017		Enrolling 2 staff members in Professional Certificate in Practice Education at the university to support student activity
5 & 6	30/03/2017		Joint planning for OT students across sites

3.4 Phase 3: Dissemination (Final Version)

A key part of the project and phase three (dissemination) was to ensure that IPE toolkit was communicated to residential aged care providers and facilities, universities and other groups to engage them in the process and to inform them of the IPEAC toolkit.

A communication plan was developed and was the main component of dissemination. This included Facebook advertising as well as conference presentations.

3.4.1 Google Analytics

Data was collected using Google analytics from 1st April 2017 to 9th July 2017 to determine how many visits the toolkit received and how long visitors spent on the page(s) to evaluate the reach of the toolkit.

During the data collection period the total page views were 3226. The most viewed pages in the toolkit were the home page (39%), as expected, followed by the section on IPE in Aged Care (8%). A summary of the most viewed pages in the toolkit is shown in Table 6. The average time spent on a page was just over one minute (1:03). All pages displayed in Table 6 had an above average time spend compared to all other pages. Table 7 outlines the pages within the toolkit that had a below average time spend when compared to other pages.

TABLE 6. PAGE VIEWS FROM APRIL – JULY

Webpage	Page Views	Percentage Page Views
IPEAC Toolkit	1283	39.5%
IPE in Aged Care	251	7.7%
Running an IPE Placement	146	4.5%
Getting Started	145	4.5%
What is IPE in Aged Care?	129	4.0%
Background to the Toolkit	107	3.3%

TABLE 7. PAGES WITHIN THE TOOLKIT WITH A BELOW AVERAGE TIME SPEND ON PAGE COMPARED TO OTHER PAGES

Webpage	Page Views	Percentage Page Time Spend
Further Education on Aged Care	92	-9.4%
Students' First Day in Aged Care	91	-10.4%
Moving Forward with IPE	90	-11.4%
Before Students Arrive	88	-13.4%

The IPEAC Toolkit User Overview was downloaded 63 times during the data collection period whilst the placement confirmation letter was downloaded twice and all other templates were downloaded once each. This may be due to the Google analytics dates are from the April 1st to July 9th 2017 whilst staff training during the implementation phase was conducted in 2016.

The top traffic drivers to the toolkit were:

- Organic search – 1473
- Paid search – 717
- Referral – 468

3.4.2 Facebook Advertising

An adword campaign was run from 8 April to 31 May resulting in 518 clicks and 21,502 impressions. As a result of this campaign there were six email enquiries and one call from a mobile device.

Three separate advertising campaigns targeting different demographics were used to increase the reach of the toolkit during dissemination. Each advertisement was run for a period of one week, and following review ran for a second week. The advertisements are outlined separately in Table 8, Table 9 and Table 10.

TABLE 8. AD SET 1

Ad Set 1	
Image	

Copy	Residential Aged Care Learning Online Toolkit by Brightwater and Helping Hand. A comprehensive guide for implementing student placements at your facility.
Audience	<ul style="list-style-type: none"> • Australia – 18-45 • Interests – Fields of Study <ul style="list-style-type: none"> ○ Nursing ○ Occupational therapist ○ Physiotherapy ○ Social Workers ○ Speech Pathology
URL	http://www.brightwatergroup.com/ipeac-toolkit

TABLE 9. AD SET 2



Ad Set 2	
Image	
Copy	<p>Student Placement Toolkit for Aged Care Education.</p> <p>An online toolkit for implementing students at your aged care facility</p>
Audience	<ul style="list-style-type: none"> • Australia – 30-60+ • Interests – Job role (manager level and administration) <ul style="list-style-type: none"> ○ Nursing ○ Occupational therapist ○ Physiotherapy ○ Social Workers ○ Speech Pathology
URL	http://www.brightwatergroup.com/ipeac-toolkit

TABLE 10. AD SET 3

Ad Set 3	
Image	
Copy	Want to learn everything you need to know with aged care student placements? The IPEAC toolkit guides residential aged care staff in student placements.
Audience	<ul style="list-style-type: none"> • Australia – 18+ • Like of Brightwater page and their friends
URL	http://www.brightwatergroup.com/ipeac-toolkit

Results of Ad Campaign

Ad Set 1 & 2 has a higher reach due to the audience type being set to the whole of Australia whereas Ad Set 3 is limited to Perth (based on Brightwater's likes and their friends). While Ad set 3 had an audience set to Western Australia the reach has spread to other states through Brightwater's followers having interstate friends. In all three Ad sets the female audience is higher compared to males.

Figure 7 compares the reach of each ad set throughout week one and week two of advertising. Ad set 1 had the largest reach throughout both weeks and ad set 2 increased its reach in week two by 1273 views. Figure 8 breaks down the reach of each ad set by location and as can be seen, Ad set 3 was aimed at people in WA, whilst Ad sets 1 and 2 experienced large views from New South Wales, Victoria and Queensland residents. The raw number of people clicking the ad set link or reacting to the ad set is summarised in Figure 9 and shows that ad set 3 received the largest action from viewers.

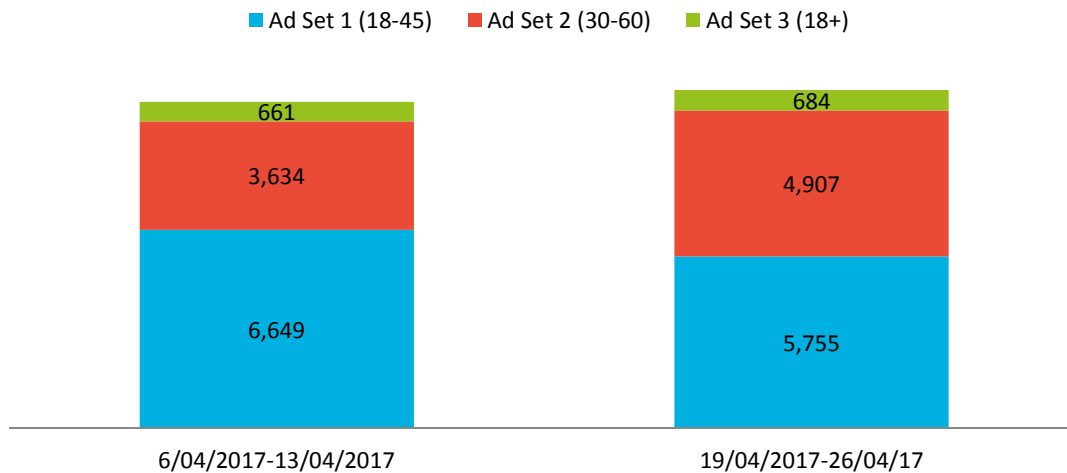


FIGURE 7. REACH OF FACEBOOK ADVERTISING BY AD SET AND DATE.

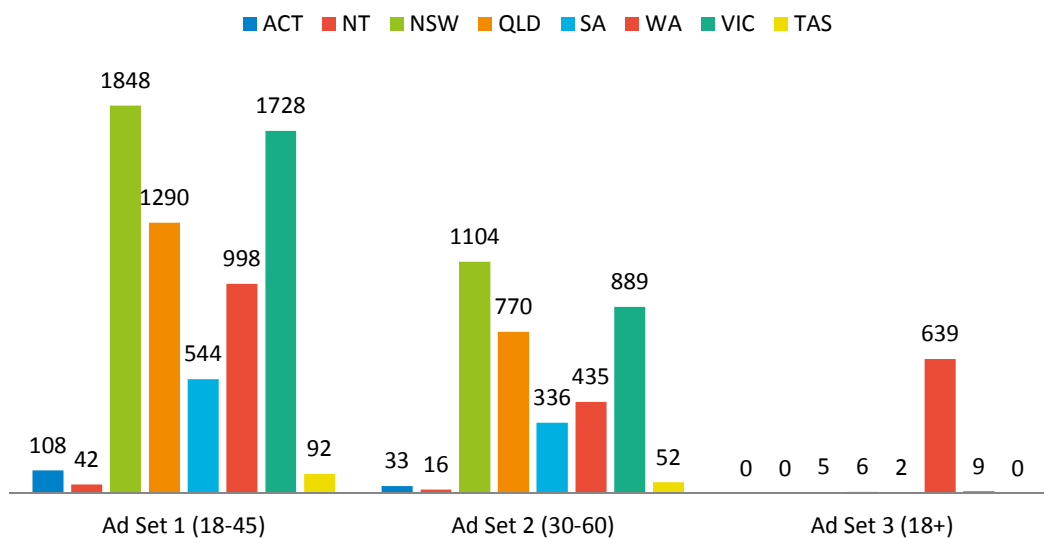


FIGURE 8. REACH OF FACEBOOK ADVERTISING BY LOCATION.

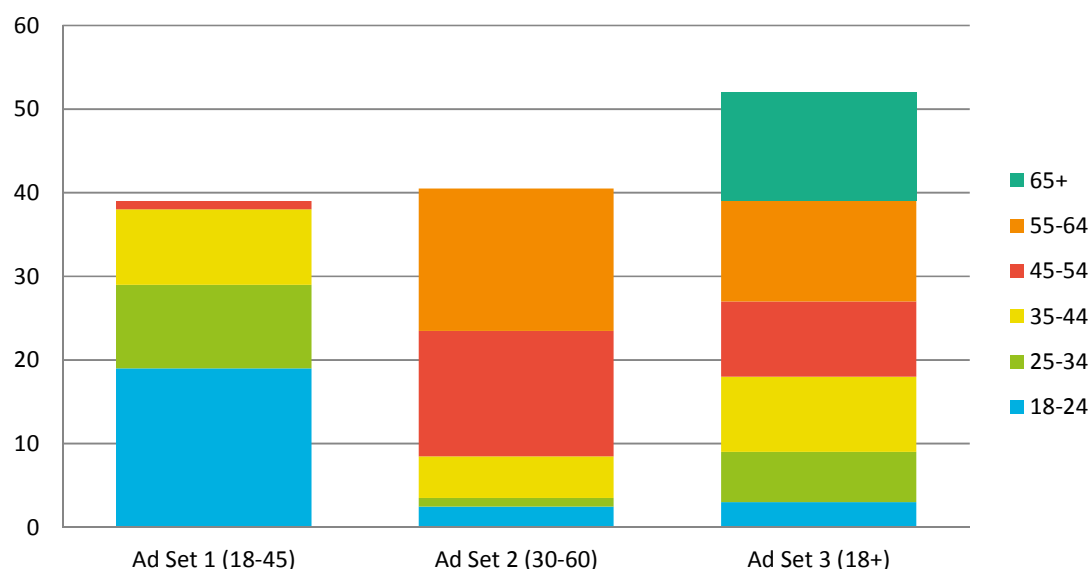


FIGURE 9. NUMBER OF PEOPLE TAKING ACTION BY AD SET AND AGE GROUP.

3.4.3 Communication Outputs

As part of the communication plan, it was anticipated that the IPE toolkit would be regularly communicated across the course of the project timeline. Communication was tailored at an internal, local, state, nation and international level. It was also anticipated that the communication was to be for a variety of audiences including consumers, universities, vocational and educational training providers, aged care staff and other aged care providers. Table 11 provides a summary of the communication outputs.

TABLE 11. SUMMARY OF COMMUNICATION OUTPUTS

Brightwater Care Group:
Brightwater Care Group (2016). IPE in the media. SharePoint, 30 th August 2016. Available from http://brightnet/news/Lists/Posts/Post.aspx?ID=101
Brightwater Care Group (2016). Annual Report 2016. Available from https://issuu.com/brightwatergroup/docs/annual_report_2016?e=3078494/40109313
Brightwater Care Group (2016). IPE at Madeley - Final Report Released. SharePoint, 9 th June 2016. Available from http://brightnet/news/Lists/Posts/Post.aspx?ID=60
Brightwater Care Group (2017). In – house innovation leads to national program. Brightlife Newsletter, March 2017. Available from http://brightnet/company/layouts/15/WopiFrame.aspx?sourcedoc=/company/eNewsletters/BrightLife%20Newsletter/BrightLife%20Newsletter%20March%202017.pdf&action=default&DefaultItemO

pen=1
Brightwater Care Group (2017). Step-by-step guide to better care for residents and more engaged staff. SharePoint, 16th March 2017. Available from http://brightnet/news/Lists/Posts/Post.aspx?ID=219
Helping Hand:
Helping Hand (2016) Interprofessional Education Programs in Residential Aged Care. Available from http://www.helpinghand.org.au/innovation/research_projects/resources-and-articles/interprofessional-education-programs-residential-aged-care/
Helping Hand (2016) IPEAC (Interprofessional Education in Aged Care) Toolkit. 8 th December 2016. Available from http://www.helpinghand.org.au/innovation/research_projects/
Helping Hand (2017). Interprofessional Education Aged Care Toolkit. R + D News, 2nd March 2017. Available from: http://www.helpinghand.org.au/r_d_news/ipeac-toolkit/
External:
Australian Ageing Agenda (2016). Providers develop toolkit to enable multidisciplinary placements. 26 th August 2016. Available from http://www.australianageingagenda.com.au/2016/08/26/providers-develop-toolkit-to-enable-multidisciplinary-placements/
CDPC (2016). Interprofessional education lays the foundation for addressing aged care workforce woes - media release. 15 th August 2016. Available from http://sydney.edu.au/medicine/cdpc/documents/media-releases/Interprofessional%20education%20lays%20the%20foundation%20for%20addressing%20aged%20care%20workforce%20woes.pdf
CDPC Newsletter (2017), Edition 7. How to better care for residents and engage staff members. 23 rd May 2017. Available from http://sydney.edu.au/medicine/cdpc/news-events-participation/ipeac_toolkit.php
Australian Journal of Dementia Care (2017). The IPEAC (Interprofessional Education in Aged Care) Toolkit. Available on the resources page of the April/May 2017 Issue.
Australian Ageing Agenda (2017). Free online toolkit and training to support student placements in aged care. 3rd March 2017. Available from http://www.australianageingagenda.com.au/2017/03/03/free-online-toolkit-and-training-to-support-student-placements-in-aged-care/
Quality Standard Monthly Newsletter (2017). Advantages of interprofessional education in aged care. 28th February 2017. Available from https://www.aacqa.gov.au/providers/education/the-standard/february-2017-1/advantages-of-interprofessional-education-in-aged-care
Aged Care Online (2017). Step-by-step guide to better care for residents and more engaged staff members. 13th February 2017. Available from http://www.agedcareonline.com.au/2017/02/Step-

[by-Step-Guide-to-Better-Care-for-Residents-and-More-Engaged-Staff-Members](#)

Conference Presentations:

Williams, E, Harrup-Gregory, J, Saunders, R, Seaman, K & Martini, A. IPEAC Toolkit Creating a Sustainable Interprofessional Workforce for Aged Care. Australian Association of Gerontology Conference, 8-10 November 2017, Perth, Western Australia.

Williams, E, Harrup-Gregory, J, Saunders, R, Seaman, K & Martini, A. Interprofessional Education in Aged Care Supporting People with Dementia – The IPEAC Toolkit (Poster). 17th Alzheimer's Australia Biennial National Dementia Conference, 17-20 Oct 2017, Melbourne, Victoria.

Loffler, H, Williams, E, Saunders, R, Harrup-Gregory, J & Seaman, K. Creating an Interprofessional Workforce: The IPEAC Toolkit. Better Practice Conference, 20-21 July 2017, Adelaide, South Australia.

Seaman, K, Saunders, R, Harrup-Gregory, J, Williams, E, Pratt, K & Loffler, H. Interprofessional education in aged care IPEAC toolkit – supporting staff to facilitate interprofessional student placements (*Poster*). 32nd International Conference of Alzheimer's Disease International, 26-29th April 2017, Kyoto, Japan.

Seaman, K, Harrup-Gregory, J, Williams, E, Pratt, K, Loffler, H & Saunders, R. Interprofessional education in residential aged care: Optimising care and workforce possibilities (*Poster*). 5th Annual NHMRC Symposium on Research Translation, 23 November 2016, Melbourne, Victoria.

Seaman, K, Harrup-Gregory, J, Williams, E, Pratt, K, Loffler, H & Saunders, R. Activity 28 – Interprofessional Education in Aged Care (IPEAC) Toolkit (*Poster*). CDPC Annual Meeting, 14th November 2016, Sydney, New South Wales.

Seaman, K, Harrup-Gregory, J, Williams, E, Pratt, K, Loffler, H & Saunders, R. . Exploring Interprofessional Education in Residential Aged Care. Curtin Fieldwork Education Summit, 10th November 2016, Perth, Western Australia.

4. Key Findings

The interprofessional toolkit for staff in residential aged care (Activity 28) was developed from the platform of previous research conducted as part of a national collaborative project (CDPC - Activity 9). From the research undertaken at Brightwater Care Group (WA) and Helping Hand (SA) there were many positive outcomes of interprofessional education placements in aged care. Outcomes included increased students confidence and ability to work with older adults, improved knowledge and capacity of residential aged care staff and enhanced the care outcomes for residents with cognitive and functional decline. Importantly it also identified the need for resources to support staff in planning and implementing IPE health professional student placements and this current project (Activity 28) has addressed that need.

This project has developed a flexible online toolkit that was developed in collaboration with aged care providers and education providers across two Australian states. Through the use of the Consolidated Framework for Implementation Research it enabled involvement of a critical reference group from aged care and the education sector, plus a core working group of senior staff and health professional from RACFs as well as other staff in aged care who interact with health professional students on IPE placements.

The collaborative approach to the development and implementation of the project was intended to engage all groups to partner in the development of an IPEAC toolkit. This is a key finding in the success of the development of the toolkit as often aged care staff and educational provider staff do not have opportunities to work together, and aged care facility staff are often overlooked in resource development. In this project the collaborative approach was successful and enabled understanding of the needs of aged care providers in supporting IPE placements and in their evaluation of the draft toolkit to determine if it was a workable and useful resource.

The initial interviews with staff that investigated potential barriers to implementation of an IPEAC toolkit provided valuable information that identified the need for a toolkit. Key findings found staff were overall confident to support student learning however clinical placements were often unstructured and staff lacked the knowledge about IPE, and experience to plan and facilitate an IPE placement and in some sites staff viewed students as an 'extra pair of hands'. This was an important finding as it highlighted the need to develop a resource that guided staff to support and facilitate students learning experiences and for it to be undertaken in partnership with the educational sector.

This project also demonstrated that aged care providers are keen to be involved in research projects and contribute to resources to support students and aged care facilities. Due to the challenges of aged care environments (time availability, workforce mix and available staff, and unpredictable events such as outbreak) engagement of staff in the project varied across aged care groups and this impacted on the sample of aged care staff and is recognised as a limitation. All sites valued the opportunity to be part of the project and found benefits across the project.

Aged care is a rich learning environment for health professional education and particularly for students to gain knowledge of interprofessional practice and provide care for residents with cognitive and functional decline. Aged care providers involved in this study could see the benefits of the IPEAC toolkit and experienced the outcomes during the pilot implementation phase of the project particularly the aged care staff team cohesion in participating in the research, planning and facilitating IPE placements and seeing the benefits to students and residents.

The evaluation of the toolkit from all groups had found the toolkit is well developed, addressed the original purpose and will be a valuable resource in supporting student's placements and this has been achieved. This approach may also contribute to the sustainability of the project, through use of the toolkit by both groups and communication to the wider aged care and education sectors. However as identified through the staff surveys the dialogue about IPE in aged care and student placements needs to be continued and the presentation of the toolkit at national and international conferences has achieved this but will be continued as part of the dissemination of the toolkit.

The feedback from aged care groups has confirmed the IPEAC toolkit is a valuable addition for aged care groups. It is recommended that the toolkit is endorsed by educational sector, the Australian Aged Care Quality Agency and that it be promoted through aged care peak bodies and interprofessional education platforms. The toolkit is currently available electronically via the Brightwater website. It is also recommended the toolkit could be hosted on the Dementia Training Australia (DTA) websites to make it more readily available. Future research could be conducted to further investigate the analytics of access to the toolkit from the DTA website.

In conclusion the development of this toolkit will enable aged care staff to support interprofessional education and practice and to facilitate interprofessional student placements and to increase staff partnerships with universities and other community agencies.

5. References

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- Seamless Care. (2008). An interprofessional education project for innovative team based transition care (Vol. http://www.cihc.ca/files/members/pm/Seamless_FinalReport_June2008.pdf). http://www.cihc.ca/files/members/pm/Seamless_FinalReport_June2008.pdf.
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6. Appendix

6.1 Critical Reference Group

6.1.1 Semi-Structured Focus Group

An Interprofessional Education (IPE) Toolkit for Staff in Residential Aged Care

Semi-Structured Focus Group with Critical Reference Group “Experts”

Introduce yourself. Provide a brief introduction to IPE Toolkit. The goal of the IPE toolkit is to provide a resource for staff across aged care organisations to better support the needs and wellbeing of older adults (particularly those with cognitive and functional decline) through interprofessional practice; and to facilitate interprofessional education student placements. Explain to the participants the aim of the focus group today is to allow experts in the area of IPE, dementia, aged care and training the opportunity to share their expertise and provide feedback about the toolkit.

- What do you think of the IPE toolkit?
- What do you think other leaders in IPE/aged care would think about the toolkit?
- Do you feel the toolkit is specific to IPE in aged care and caring for people with dementia?
- What is your perception of the quality of the supporting materials, packaging, and bundling of the toolkit? Why?
 - o What works well?
 - o What needs changing?
- What evidence have you heard about from your own research? Practice guidelines? Published literature? Co-workers? Other settings? That could be incorporated in to the toolkit? Both from an Interprofessional education and dementia perspective
- What supports, such as online resources, marketing materials, or a toolkit, are available to help implement and use the intervention?
- Lastly, is there anything that you would like to tell us that we did not ask?

6.2 Core Working Group

6.2.1 Semi-Structured Interviews

An Interprofessional Education (IPE) Toolkit for Staff in Residential Aged Care

Semi-Structured Interviews with Core Working Group “Implementers”

Introduce yourself. Explain IPE: Interprofessional Education enables students of different disciplines to work together with the resident to achieve common goals and outcomes. Through interprofessional collaboration, students are enabled to learn from each other and share their own knowledge and skills. By understanding the principle concepts of each health discipline, the quality of care provided to the resident is increased.

Brightwater with Helping Hand are developing an IPE Toolkit. To support the direction of the toolkit and to ensure it is useable and applicable across the aged care sector we would like to get your input. The goal of the IPE toolkit is to provide a resource for staff across aged care organisations to better support the needs and wellbeing of older adults (particularly those with cognitive and functional decline) through interprofessional practice; and to facilitate interprofessional education student placements.

The proposed IPE toolkit will be a web based resource and constructed with feedback from three working groups and resources from previous IPE learnings from Activity 9. The IPE toolkit once constructed and reviewed using your feedback will be implemented at four residential aged care sites.

- Please describe the current student placements at your facility/organisation and your level of experience with these.
- How do you feel about facilitating student placements?
- What benefits are there to residents and the facility in having student placements?
- How do you feel about current programs/practices/processes that are available related to the student placement?
- What do you know about IPE?
- To what extent do current programs fail to meet existing needs? Will an IPE toolkit meet these needs?
- How will an IPE toolkit fill current gaps?
- What barriers will the staff in your organisation face in participating in the IPE toolkit implementation?
- Is there a strong need for an IPE toolkit?
- Why or why not?
- Do others see a need for an IPE toolkit?
- Will the IPE toolkit replace or compliment a current program or process? In what ways?
- How well do you think an IPE toolkit will meet the needs of the residents in your organisation?
- How confident are you that you will be able to use an IPE toolkit?
- How prepared are you to use an IPE toolkit in the future?

6.3 Aged Care Facility Staff

6.3.1 Pre-Knowledge Survey

Interprofessional Education (IPE) Toolkit for Staff in Residential Aged Care

Pre Implementation Self-efficacy for Facilitating Interprofessional Experiential Learning (SEFEIL) Tool

An IPE toolkit has been developed to provide a resource for staff across aged care organisations to better support the needs and wellbeing of older adults (particularly those with cognitive and functional decline) through interprofessional practice; and to facilitate interprofessional education student placements.

The purpose of this survey is to gain an understanding of your confidence in facilitating student placements and interprofessional student placements before using the IPE toolkit. Your responses are an important part of evaluating the IPE toolkit, thank you for taking the time to complete the following survey tool.

Your responses to this survey are anonymous. Your responses to future surveys completed will be tracked via an individual identifier you provide below. No individual surveys will be reported, as all reports will reflect aggregate information.

Please provide the first three letters from your first name and last three letters from your last name in the space provided.

First 3 letters from your first name: Last 3 letters from your last name:

Please tick which occupation you belong to: ☐ Care Worker ☐ Enrolled Nurse

☐ Occupational Therapist ☐ Physiotherapist ☐ Registered Nurse ☐ Speech Pathologist

☐ Other (please specify): _____

1. A) Do you currently supervise students? ☐ Yes ☐ No

1.1 If yes:

B) How many students per year? _____

C) What is the average student placement length? _____

1.2 If no:

D) Please explain why you do not currently supervise students:

E) Would you like to supervise students? ☐ Yes ☐ No

Please use the scale below to indicate your confidence in your ability to carry out the following aspects of your role or your potential role as a supervisor for student placements and interprofessional learning in a scale of 1-10, where 1 represents very low confidence in your ability

and 10 represents high confidence in your ability. For your reference interprofessional team refers to a team made up of individuals from different professions. (Scale continues on the next page).

1. Helping students from different professions to form a team.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
2. Helping students from different professions to resolve problems in an interprofessional team.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
3. Helping students from different professions to develop a realistic appropriate resident care plan.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
4. Helping students from different professions to understand their respective roles in an interprofessional team.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
5. Helping students from different professions to understand the benefits to residents of team care.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
6. Explaining and discussing the objectives of interprofessional learning.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
7. Interacting with clinicians and/or faculty members* from other professions and disciplines than my own. * Clinicians and/or faculty members may be from any of the health professions.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
8. Providing feedback to an interprofessional team on their function and work as a team.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
9. Providing feedback to individual team members of an interprofessional team on their function									

and work on the team.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
10. Helping clinical sites understand an interprofessional team's role in a clinical setting.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
11. Helping the resident to understand the objectives of the interprofessional learning.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
12. Evaluating the quality of the work as an interprofessional team.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
13. Evaluating the degree to which an interprofessional team has achieved its goals.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
14. Helping students to evaluate the quality of their work as an interprofessional team.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10
15. Helping students to evaluate the degree to which they have met their objectives in an interprofessional team.									
Low confidence					High Confidence				
1	2	3	4	5	6	7	8	9	10

The SEFEIL tool was originally constructed by Seamless Care for the project titled 'An Interprofessional Education Project for Innovative Team-Based Transition Care' (2008). The project report is available from:

http://www.cihc.ca/files/members/pm/Seamless_FinalReport_June2008.pdf

6.3.2 Semi-Structured Focus Group

An Interprofessional Education (IPE) Toolkit for Staff in Residential Aged Care

Semi-Structured Focus Group with Aged Care Facility Staff “End Users”

Introduce yourself. Provide a brief introduction to IPE Toolkit. The goal of the IPE toolkit is to provide a resource for staff across aged care organisations to better support the needs and wellbeing of older adults (particularly those with cognitive and functional decline) through interprofessional practice; and to facilitate interprofessional education student placements. Explain to the participants the aim of the focus group today is to allow staff the opportunity to share their experience and provide feedback about the toolkit during implementation.

- How did you feel about the IPE toolkit being implemented in your setting?
- Did you feel well supported during the implementation phase of the toolkit? If so how?
- Has the IPE toolkit given you adequate knowledge in facilitating interprofessional student placements? Please explain how.
- What components of the toolkit did you like best?
- What were the challenges of using an IPE toolkit? How would you improve/reduce these?
- Are there any gaps in IPE toolkit knowledge that still need to be addressed?
- Do you plan to continue to use the IPE toolkit?
- Do you believe the IPE toolkit will positively impact residents with cognitive and functional related decline?
- Do you see an IPE toolkit being a priority for you in your future work? Why/why not?
- How could the IPE toolkit be altered to be incorporated sufficiently in your workplace?
- Lastly, is there anything that you would like to tell us that we did not ask?

Thank you for taking the time to participate in the focus group.

6.4 Toolkit Assessment Form

Interprofessional Education (IPE) Toolkit for Staff in Residential Aged Care

Toolkit Assessment

We welcome your comments about the IPE toolkit for Residential Aged Care. The goal of the IPE toolkit is to provide a resource for staff across aged care organisations to better support the needs and wellbeing of older adults (particularly those with cognitive and functional decline) through interprofessional practice; and to facilitate interprofessional education student placements. The IPE toolkit is on the website and can be accessed through the following link _____.

Rate the toolkit on elements listed in the table below by placing a tick or a cross in the appropriate box. Please provide any additional information in the respective 'Suggestions' sections to inform areas for improvement. You can fill out as many or as few of the sections in this form as you wish.

Please specify your profession: _____

Please specify the organisation you are a part of: _____

IPE Toolkit Elements	Poor	Average	Good
The overall structure of the IPE toolkit makes logical sense Suggestions:			
It is clear what information is available in each section of the IPE toolkit from the summary on the home page Suggestions:			
Each section of the IPE toolkit is covered in adequate detail Suggestions:			
The content on cognitive decline contains sufficient detail and is relevant to an aged care context Suggestions:			
The content on IPE contains sufficient detail and is relevant to an aged care context Suggestions:			

<p>The additional resources are useful</p> <p>Suggestions:</p>			
<p>The language used is clear, simple, jargon-free and appropriate for residential aged care</p> <p>Suggestions:</p>			
<p>The pictures/graphics used compliment the written material</p> <p>Suggestions:</p>			
<p>The IPE toolkit is easy to refer to when facilitating a student placement</p> <p>Suggestions:</p>			
<p>I am confident I will use the toolkit for future student placements outside of the research period</p> <p>Suggestions:</p>			

The following questions are to give more information in areas that we need to consider to improve the toolkit.

1. What features of the IPE toolkit do you think work well and why? Please distinguish between content and structure.

2. What features of the IPE toolkit do you think need changing? Why? What suggestions for improvement do you have? Please distinguish between content and structure.

3. How could the IPE toolkit be altered to be adequately incorporated at your facility?

4. Would you recommend the IPE toolkit to others?

5. Please list any additional resources that you would suggest adding to the IPE toolkit:

6. Please note any promotional ideas/venues that we can take advantage of to ensure audiences know about the toolkit and use it in their work:

7. Do you have any further suggestions or comments?
