



An interprofessional education toolkit for staff in residential aged care

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COGNITIVE DECLINE PARTNERSHIP CENTRE



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Overview

In 2016 and 2017 Brightwater Care Group (WA) and Helping Hand Aged Care (SA) sought to embed findings from an earlier three- year project by creating an online toolkit for staff in residential aged care to facilitate interprofessional student placements in residential aged care facilities.

This report explains how the toolkit was developed and trialled in residential aged care facilities using perspectives and consultation with aged care staff, university academics and other contributors (student placement coordinators, dementia consultants and, interprofessional education academics). It also outlines how this toolkit can be utilised by other aged care organisations.

Report outline

- About this project
- Objectives
- Outcome
- Development of the toolkit
- Key findings
- Conclusion

About this project

Interprofessional education (IPE) in aged care facilitates student understanding of interprofessional practice and care of residents, including 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.

Based on results from an earlier project, 'Evaluating Outcomes of IPE in Aged Care', this project was initiated to build capacity in the aged care sector through developing and implementing an evidence based resource in the form of an IPE resource toolkit for staff working in residential aged care facilities (RACF).

Objectives

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.

To implement the interprofessional education toolkit across five residential aged care providers (six facilities) in WA and SA through the delivery of training modules and one on one staff mentoring.

To disseminate the interprofessional education toolkit for the broader aged care sector by providing access to the toolkit via a web portal.

Outcome

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 toolkit has provided a resource to:

- with residents who are experiencing cognitive and functional decline and;
- (ii) educate staff to support interprofessional placements.

Development of the toolkit

The toolkit was created in four stages. Figure 1 describes the process used to develop and adapt each draft version of the toolkit.

Figure 1

Process of development, implementation and dissemination of the toolkit

Development

- Resource review
- End user pre knowledge survey

Development

- Critical reference group workshop & toolkit assessment • Core working group toolkit assessment
- Project group review

Implementation Version 3

- End user toolkit assessment & focus group Project group review

Dissemination

 Final Project Review Communication Plan

(i) support RACFs to facilitate interprofessional placements for students with the focus on working

Version 1

- IPE aged care resources
- Working group interviews

Version 2









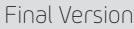


Table 1 provides a summary of the three separate groups within the aged care and tertiary education sectors who engaged in a variety of evaluation approaches (including focus groups, interviews and surveys) to evaluate and provide feedback on the toolkit.

Table **1**

Summary of working groups that reviewed the toolkit

| Working Group | Role | Rationale for Members | Responsibilities |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Experts critical reference group (CRG) | Review content of toolkit for quality and validity of content | Be an expert in one of the following fields: Interprofessional education, Aged care staff training Dementia Student placements | Critically review the toolkit and provide feedback via a survey Participate in a workshop |
| Implementers core working group (CWG) | Identify the barriers and facilitators to successful implementation of the toolkit and to ensure the transferability of the toolkit across the aged care sector | Any person responsible for the implementation of the toolkit This may include: Senior managers, IPE champions, Organisational leaders, Clinical coordinators | Participate in an interview Provide functional feedback on the useability of the toolkit within each environment Review the toolkit and provide feedback Champion the implementation of the toolkit on site |
| End Users Aged care facility staff (ACFS) | Implementation of the toolkit | Any staff member who would use the toolkit within an aged care facility | Utilising the toolkit within their aged care facility Participating in a knowledge survey Provide feedback on the toolkit Participate in a post-focus group to explore in more depth the success of the implementation |

The toolkit and a user guide is available via the BrightWater website at

www.brightwatergroup.com/ipeac-toolkit/ipeac-toolkit



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. In this project, the collaborative approach was successful.

This is a key finding in the success 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 didn't have experience to plan and facilitate an IPE placement.

At 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, plus unpredictable events), 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 providing care for older people with cognitive and functional decline.

Aged care providers involved in this study identified benefits of the IPEAC toolkit and shared the positive outcomes from the pilot implementation phase of the project. The aged care staff team cohesion in participating in the development of the toolkit, planning and facilitating IPE placements and seeing the benefits to students and residents was highlighted by the RACF's.

The evaluation found the IPEAC toolkit is well developed, addresses the original purpose and will be a valuable resource in supporting student 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 staff surveys, the dialogue about IPE in aged care and student placements needs to be continued.

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.



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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