



The Integration of Long-Term Care and Personal Support Worker Education: Evaluation of a Living Classroom Experience



⁽¹⁾JENNIFER PLANT , ⁽²⁾VALERIE FISET , ⁽³⁾JENNIFER MUNOZ , ⁽¹⁾ENRIQUE SOTO , & ⁽⁴⁾SHELLY CRICK 

⁽¹⁾Perley Health, ⁽²⁾St. Lawrence College Brockville, ⁽³⁾Algonquin College, ⁽⁴⁾Ontario CLRI

2021, 4(1), 1-10

DOI: 10.51819/jaltc.2021.1013670

Correspondence: Jennifer PLANT

1750 Russell Rd, Ottawa, ON K1G 5Z6, Canada / jplant@perleyhealth.ca

ABSTRACT

The shortage of Personal Support Workers (PSW) to meet the needs of residents in long-term care (LTC) homes have been well documented, and the issue has been made more acute in the context of the global COVID-19 pandemic. The living classroom (LC) has been implemented as one approach to addressing the need to train PSWs and attract them to the sector. A mixed-methods program evaluation of a LC program was undertaken. Surveys were carried out with students during and at the end of the program. Focus groups and individual interviews were carried out with staff, residents,

and students. Program implementation was successful, and several program graduates were employed in the LTC home upon graduation. Key stakeholders were satisfied with the program, and students had improved attitudes toward the LTC sector. Opportunities for improvement were noted and addressed. The LC model is an approach that can be used by LTC homes and their educational partners to deliver high-quality, integrated PSW programs. It can be used to help address the serious staffing shortages in the LTC sector.

KEYWORDS: Long-term care; personal support worker; education program; program evaluation.

KEY PRACTITIONER MESSAGE

1. The Living Classroom model is an interprofessional learning approach that can be used by Long-Term Care Homes and their academic partners to address serious staff shortages in the long-term care sector, and improve the quality of the program delivery.
2. While being immersed in the long-term care environment, student attitudes changed and learners were able to see the rewards of working in long-term care (LTC). Graduates may be more likely to choose to work in LTC.
3. Collaboration and strong partnerships between all stakeholders are critical to success.

INTRODUCTION

The ongoing COVID-19 pandemic has had a tremendous impact on older adults living in Long-Term Care (LTC) Homes. Data from May 2020 illustrates that, in Canada, 85% of COVID-19 deaths were attributed to LTC Residents (Hsu et al., 2020). The impact of the pandemic brings up many considerations for staffing in LTC Homes as we move towards recovery from COVID-19. It is well known that changes in demographic trends, life expectancy, and prevalence of complex chronic conditions and comorbidities among older adults are contributing to an increase in the demand for LTC services in Canada. Authors of a report by the Ontario Long-term Care Association (OLTCA) indicate that among those living in LTC with dementia, 90% had some form of cognitive impairment, 86% needed support with activities of daily living, 80% experienced neurological disorders, 76% suffered from cardiovascular diseases, and 62% from musculoskeletal diseases (OLTCA, 2019).

In Ontario, Personal Support Workers (PSWs) (known in North America as nursing assistants), comprise 72.3% of all front-line staff working in LTC (OLTCA, 2014). They are the health care team members spending the most time with residents. The COVID-19 pandemic has placed significant demands on healthcare teams in LTC. The sector had staffing shortages before the pandemic was declared in 2020; however, with many provincial health offices issuing directives focused on restricting staff including PSWs to working at only one site, the problem has been magnified (Duan et al., 2020).

While the demand for LTC services is increasing, the availability of PSWs is not meeting requirements. In a survey conducted by the OLTCA (2019), respondents reported: “difficulty filling shifts and 90% experienced challenges recruiting staff. Of these positions, PSWs were the hardest positions to fill...” (p. 8). A critical PSW staffing shortage was identified as a key issue affecting the sector in eight round tables attended by over 350 LTC home stakeholders (Ontario Health Coalition by Unifor, 2019). Stakeholders attributed the shortage to the working conditions of the occupation and declining enrollment in PSW training programs.

Given that most PSWs work in LTC, it would seem advisable to enhance PSW training by offering expanded placements in LTC environments where they are immersed in that context. One way of addressing this challenge is the Living Classroom (LC) model (Boscart et al., 2017). Conceived as a collaboration between a post-secondary institution

and a LTC home (Garbutt et al., 2019), the LC is defined as “...an interprofessional educational approach whereby a PSW program is delivered within the context of a LTC home, with the teaching consisting of faculty, students, LTC teams, residents and families, who engage with each other within a culture of interactive learning” (p. 3). Our change theory posits that the LC is a training modality for educating PSWs resulting in program graduates who would be more familiar with the LTC setting and thus more likely to choose it as their place of work. The LC can help to ameliorate the shortage of PSWs since the LTC home hosting the classroom can more readily recruit its graduates. A salient trait of the LC is that it provides strong gerontological content that can be readily assimilated and practiced, by providing students the opportunity to experience real-life, workplace experiences.

The Living Classroom

Algonquin College (AC) is a Community College in Ottawa, Ontario, Canada. It has a wide range of entry-level health care programs, including a PSW program. The PSW program conforms to Ministry of Colleges and University standards. The Perley Rideau Veterans’ Health Centre (Perley Rideau) is a bustling community campus with 450 LTC beds, a 12-bed Guest House providing respite care, and a Senior Village with 139 independent-living apartments. The two organizations began talks to join to develop a LC model, recognizing the potential benefits for program graduates as well as the LTC sector. The program was modeled from the LC described by Boscart and colleagues (Boscart et al., 2017, 2019, 2020).

A steering committee was established with decision-makers from both partners. This committee developed a work plan and documents to make the LC a reality, including a memorandum of understanding, a membership agreement, a “space use” agreement, and a communication plan. Additionally, a working committee was established to determine the key processes required for a successful program. Such tasks included: engagement of residents, families, and staff on the affected units; determining the layout, materials, and equipment required for the learning space; developing a budget; obtaining relevant approvals for the renovation of the space; and designing enhanced learning opportunities within an LC delivery model. The working group met monthly and was able to identify a space that would be suitable. Space on a clinical unit was adapted to accommodate the classroom, laboratory, storage, and student locker space. All provincial regulations

were followed to ensure safety, for example, the classroom remained a locked space when not in use.

The existing PSW program curriculum was adopted wholly in the LC classroom. The class schedule was altered to reflect having a dedicated classroom and to take advantage of the clinical units for both lab and clinical practice. Students had an on-site orientation session that included an overview of the PSW program and the LC experience. Students were also provided with an orientation and campus tour at the college main campus.

Mentorship training sessions were offered to the PSWs who would be supporting students on the clinical units. The goals of the mentorship training were to provide an overview of the PSW LC program, including an explanation of the courses and associated learning objectives, and the important role of the PSW mentor. Documentation of student performance and approaches to providing constructive feedback to learners were also reviewed.

A program evaluation was carried out, focusing on the first cohort of students to complete the program. The objectives of the evaluation were to 1) describe the experience of key stakeholders of the LC program; 2) describe students' attitudes related to LTC and care of the older adults, and 3) describe the challenges and successes of the LC program.

METHODS

A mixed-methods program evaluation was carried out (Palinkas, et al., 2011) using surveys, focus groups, and individual interviews conducted with students, staff, and residents across the timeframe of program implementation and completion. The purpose of selecting this methodology was to leverage the complementary aspects of qualitative and quantitative data. The quantitative perspective was an important component of the program evaluation to measure the effectiveness of the LC concept while the qualitative methods describe both the opportunities for improvement and strengths in the LC processes from the perspective of the stakeholders (Palinkas, et al., 2011). Quantitative and qualitative data were merged to address the evaluation objectives (Creswell & Plano Clark, 2010; Palinkas et al., 2011). Research ethics approval was obtained through the AC Research Ethics Board prior to data collection. Students were approached to participate in the evaluation by email and in-class announcements from the LC program coordinator. Perley Rideau residents were recruited through the

Family and Friends Council and clinical staff. Staff participants were approached by the PSW supervisor, other staff, and the research coordinator.

Focus groups and interviews were transcribed verbatim, and the transcripts were reviewed for accuracy. All interviews were read through, then coded to sort and organize the data, taking note of illustrative quotes. The analysis involved the triangulation of all data gathered: surveys, focus groups, individual interviews, documents, and process information from LC staff. To facilitate the comparison of the data across all sources, a matrix was created. VF, JP, and MC conducted the initial coding, which was iteratively reviewed by other members of the evaluation team.

RESULTS

[Table-1](#) provides the intake and graduation data for the first cohort of the program. Of note, students who were not successful in courses during the second semester at the main campus the site was able to join the LC program to repeat their required courses. The following themes were identified: 1) the physical environment and its impact on the students' experience; 2) student attitudes toward LTC; 3) communication and staff engagement, and 4) the learning experience.

Table-1. Intake and graduation rates LC program

Intake and Graduation Students	N
Original registration	21
LC students continuing to 2 nd semester	16
Students joining 2 nd semester in LC program	7
Number of graduates from the original cohort	13
Total number of graduates	19
Students hired by the Perley Rideau	6

Note: N = Frequency

The Physical Environment and Services

The results of the survey (n = 12) conducted at the end of the first semester are reflected in [Table-2](#). Additionally, students shared in focus groups that they appreciated the warm learning environment and interaction with residents.

I think it's great and it's nice to have that interaction with the residents, as well. Because sometimes they'll [residents] knock on the door and they'll just want to cut through. So, I think it's very, very positive. --- Student

I like the smaller classroom. I think it's more intimate, we can talk to each other and the teacher can actually associate with us and get our opinions on everything and with a big classroom it's a lot harder. So, I find that we like having it better teaching here. I find I've been doing better with the smaller classroom than a bigger one. --- Student

I like the artwork that we just added recently, and the warm colors of the walls, like the lighting and the color of the walls and the wooden floors, actually create a warm feeling. --- Student

Table-2. Views on availability and quality of services for LC program students at the Perley Rideau site (averages)

Type of Service Provided	M
Locker room is accessible	5.00
I have access to the cafeteria	4.83
The classroom /lab is a good place to learn	4.67
Locker room is adequate for my needs	4.36
I have access to study areas	4.08
I have access to the internet	3.75
I have access to a working printer	3.42

Note: M = Average score. M ranges from 1 (never) to 5 (always)

To make the classroom more inviting, the artists, students, and residents worked together in an interprofessional art activity (Figure 1).

The students also identified some areas that they would recommend improving such as more access to power outlets, the internet, and cafeteria services. Although students and staff identified positive interactions with residents, they were mindful that learning and studying were occurring in the resident's home. In the first year of the program, lack of access to the classroom created some challenges related to students waiting for their instructor. One of the nurses on the unit shared this concern:

At the very end of the hallway, there is a quiet spot there. Again, residents like to sit in the sun, read their books, and visit. Students will go down there, and they'll take over the chairs.... So, yes, the classroom was built on a unit, but I find it interferes with the quality of life of the residents. --- Nurse

Students also shared their feelings related to this issue of restricted space and classroom access:

Sometimes there's, like, 10 of us in the hall and we feel in the way. I feel so bad that we're blocking the way because sometimes the residents have to squeeze by in their wheelchairs and we have to go over against the wall. --- Student



Figure 1. Lab space - artwork created by residents and students

The Perley Rideau artists and students shared insights related to the interprofessional activity that in turn improved the learning space:

So, we used a lot of large canvasses and filled the spaces and the walls quite well, and I think when we put those up, it added a lot more warmth and also made the classroom environment match the environment outside the classroom where there's lots of art on the walls and it was more integrated. ...But when we did that, it made the classroom integrate more with the hallways and the residential areas just outside the door of the classroom. --- Art Instructor

These issues were all addressed by LC program staff at the end of the first semester.

Student Attitudes Toward LTC

Evolving views of LTC

During the interviews and focus groups, participants shared their attitudes towards LTC. One advantage of the LC approach was how it challenged the attitudes of PSW students towards LTC and older people living in the sector. Many students came into the program with preconceived ideas about LTC and residents in the home. Some of these attitudes included concerns they had seen or heard about in the media.

I was worried about elderly abuse before I came to long-term care. --- Student

Before joining the program, many students felt the residents' quality of life would be poor and that there would be limited means to provide holistic care for them.

I thought it would be depressing. That I would go

there, and the residents would be in their chairs staring at the wall and looking miserable. --- Student

Since undertaking the program, many participants described how their attitudes had changed. There was a greater acknowledgment of the PSW role and its importance in the LTC home, including how the PSW can make a difference and help the resident to maintain a level of independence.

This role is about helping people to still have their independence. And I like it. --- Student

Staff recognized how the students were able to make meaningful connections with the residents. Not only did they have the opportunity for increased exposure to residents with cognitive challenges, such as dementia, but they were able to make inter-generational relationships that were valued by students and residents.

We were strangers to them, but as the weeks progressed, I found that my residents just got more comfortable with me and more willing to participate and let me do what I had to do, and almost happy to see you in the morning. --- Student

Despite the low response rate to the end-of-program survey, 87% or six out of 7 students of the LC program were more likely to work in LTC compared to those taking the program at the main campus (76% or 10/13). Some students expressed that completing their program in LTC validated that this was the type of career they wanted to pursue.

I want to help the residents, but I also want to help their families when they're dealing with a loved one who has dementia, Alzheimer's, I want to help them process. --- Student

Here, they have so many activities for everyone, which is really nice to see the residents involved in everything. --- Student

Challenges of the LTC setting

Despite positive experiences, students also shared their views related to the staffing model in LTC and indicated this would negatively influence their decision to work in the setting.

It's not enough (staffing). We meet the physical needs and everything, but I find sometimes we don't meet all the emotional needs. Student I mean, I enjoyed my placements and the consolidation but

seeing how much is put on these PSWs, I don't know if I could do it. It changed my mind about working in [LTC]. --- Student

Interprofessional team member perspectives

Interprofessional team members articulated that students in the LC program were warm and open to learning. During an interprofessional learning activity, the staff, residents, and students reflected on long-term care and the role of the PSW. Residents shared with the group the value that the PSWs brought to their lives, and a participating staff member remarked that:

I thought they were great, a great group. And I found the more encouraging words they heard and the more honoring words they heard about how great they were here, how important their mission was, and how much the residents were appreciating them, [the more they] seem to increase because you give them space [to grow]... --- Art Instructor

Communication and Staff Engagement

Prior to the start of the program, many communication and outreach activities were undertaken. These activities are included in [Table-3](#). Some staff focus group participants recalled communication approaches used prior to the start of the program.

Table-3. Communications activities prior to LC program launch

Internal	External
Perley Rideau town halls	External activities
- Before construction, informed Perley Rideau community LC plans	- Student recruitment activities by AC i.e.: social media communications
After program launch	- Radio interview with representatives from the College and the Perley Rideau
- Meetings with residents and staff of the participating home areas	- Perley Rideau newsletter shared via social media
- Mentorship education	- Press releases from both AC and Perley Rideau
- Newsletter articles	- Presentations at local and provincial senior's care organization meetings
- Presentation to Friends and Family council/Resident council	
- Regular, just in time communication with people involved in elements of training (based on specific learning activities that would affect different departments i.e.: labs in seniors housing)	

Well, I was aware of it [LC program] through workplace notification, messages from the CEO... --- Art Instructor

It was [discussed] at town halls, so I knew that that was coming. --- Nurse

Despite the best efforts of program leadership, there were gaps in communication identified by some focus group participants. Nursing staff and residents felt that the new program was a “fait accompli” prior to them finding out about it.

We were basically told what was going to happen same time as the residents, and that we would lose that room. We were blind going into it. Management knew exactly what was happening. We don't know when classes are in session. We don't know which days they're in. Imagine that classroom is there, but we're closed off to it. --- Nurse

It was just by the grapevine, I think, for the most part. What I mean by that is just somebody in our dining room learned this, I don't know how, and then passed the word on to the rest of us. --- Resident

When developing the program, a consultation meeting was held with PSWs working on the resident home area. Feedback from the PSWs at that time resulted in the creation of the mentorship training program. One focus group participant indicated that as part of that meeting:

They just talked to us about the students coming, they will be sending them to the floor for training, etc. All [Resident Home Area Name] PSWs were there...it was just an information session, and we were encouraged to voice any concerns. --- PSW

Prior to the start of the program, mentorship training was offered to the PSWs that would be working with the students day-to-day on the floor. Thirty PSWs out of a possible 42 participated. An overall student schedule was posted in the home area, and PSW mentors were provided with skills checklists. While mentorship training was well attended and different communications channels were used (Table-3), none of the PSWs that participated in the evaluation focus group had been at the mentorship training sessions. Focus group feedback underlines that more communication is always better throughout the LC program and ensures that those who are selected to be mentors are supported in their roles.

Maybe if it's communicated to us before, like, "Okay, we have some students coming on. We just wanted to concentrate on bed making." Then we could tell them the best time to come. --- PSW

The Learning Experience

Theory classes were delivered in a classroom that was designed as a flexible learning space, with desks that could be re-configured depending on the class activity, four beds, and associated equipment and supplies to practice lab skills. For lab practice, students were able to take advantage of the resident home areas and resident care needs to practice psychomotor skills. For example, if students were learning bed-making, they would spend a brief time in the classroom/lab practicing the skill then moved to the home area to make residents' beds. Curriculum adaptations were made based on the setting (for example, students learned skills for home care in the Senior's Village, rather than in a simulated apartment). Students were supervised in the home areas by PSW mentors. Feedback on the learning experiences spanned the activities that were part of the classroom and outside of the classroom. The integration of the two areas was also described, with an emphasis on the realization that the LC was truly more than just a classroom.

Classroom experience

The small class size was a definite advantage communicated by students, and they had positive feedback about the educators that taught in the classroom and lab.

I just think it's a great learning environment. I like the fact that it's a smaller class. It's more intimate, and I mean, the teachers are great and the Perley's a wonderful organization and a great place to learn. --- Student

I would recommend it for returning students, like myself. Because I am a mature student who does have a family, this program and the schedule really suited my needs. I like that we were, I think, at most 16 people and our professors knew us by name, and I just found it—we were more like a family. --- Student (who had started the program at the main campus)

Students had mixed opinions of one in-class activity where residents would come to the classroom to share their experience with a health problem or life situation. They were concerned that the time that the resident was in class was taking time away from

“teaching” a challenging subject matter (Anatomy and Physiology).

Some of them [guest speakers] were great. Some—it didn't really apply to our studies. They should have come in on an easier class where taking that time away wouldn't really affect us because it's a complex course. --- Student

Along with integrating residents in classroom activities, interprofessional team members were included as part of classroom education. For example, the Psychogeriatric Nurse and PSW presented to the students:

We went and we co-presented on the symptoms of dementia. We talked about dementia, delirium, and depression. So, to provide them with education. The instructor was great. The students were great. --- Psychogeriatric Nurse

Experiences outside the classroom

Overall, the students highly valued and enjoyed their experiences on the resident home areas, both for their lab practice that took place on the floors, as well as their clinical placements that are an integral part of the program. Students valued the input and support from PSWs and other team members and felt well prepared for their clinical placements and their eventual roles as PSWs.

I was lucky and I got two very, very good PSWs, which made it enjoyable to come every day. So that was nice. --- Student

I thought the nurses that were on the floor that we were on for our clinical, they were awesome. They were helpful. --- Student

They [physio] also had students the same time that we were on clinical and I found on my floor, at least, their mentors, the students that were with physio, they were all super nice and my PSW and them actually got together and sat us all down and explained how we're both students but for different things. --- Student

It taught me how to do it and then the clinical and the preceptorship taught you how to actually use it in the real world. So, I found the experience invaluable, and I feel comfortable taking on the role as PSW because of the training that I received. --- Student

Some of the students related negative experiences with the PSWs that supervised them. In turn, some

PSWs shared that they felt that the responsibility of supervising students was not always equally shared and that they were not given a choice as to whether they wanted to work with students. In addition, they were not used to having students come to the home area to focus solely on a specific skill.

I felt like she [my PSW mentor] didn't want me there. I felt like a nuisance sometimes. Honestly, I was just following her around. She wouldn't let me do this stuff. I just felt unwanted. I enjoyed my clinical. I enjoyed working with the residents. Just I had a bad experience with my PSWs. --- Student

And sometimes we feel like it's the same staff members doing the mentoring. Might like to mix it up a little bit. Give us a little bit of a break. --- PSW

When we had other students before—not this program, from outside—they would come at 7 and they would do everything. They wouldn't come just specifically to do beds, they learn everything. So, it's kind of new for us to just have the coming in students...or them focusing on specific tasks only. --- PSW

Even with these negative experiences, most PSWs spoke about the efforts they made to teach and model resident-centered care, give constructive feedback to the students, and how they felt responsible for properly training future PSWs who may become their co-workers.

But, of course, if I'm training, you want them to learn the correct way, because I always think they're going to come here and work with me, and this is—you show, but you don't talk down, and you don't say [correct] them to mean a negative way. --- PSW

Just share the knowledge that we have...Yeah, to help them to learn...somebody helped me, and I would like to spread this from here to there and make it go on to the other generations...they might end up working with me... --- PSW

A living classroom is more than a classroom – Integration of classroom and clinical learning

Students spoke to the benefits they experienced from participating in the LC program – notably, how the program was “integrated”, those strong connections were made between the activities in the lab and the classroom, and their experiences in the home areas.

I should also mention that it's integrated. So, we

learned our skills and then used them right away which I found very helpful. We didn't go through a whole semester and then do our skills because I would have forgotten. --- Student

The clinical [lab] once a week is very advantageous because you learn and then you do it and then you go back to class, and you learn something else. I found that that worked well for me. --- Student

Participants also discussed how their experience in the LC program was more than a “classroom” or academic experience. Students spoke to the relationships they formed with residents and family members as a valuable part of their learning experience. Residents and other team members spoke to the value of having students present in the home areas.

I think we all agree that the students are definitely an asset. They try to be helpful within the limits of what the PSWs will allow. --- Resident

It's just nice to get them when they're just kind of sprouting, when they're learning which is great, and, again, they were engaging, the instructor was great, the classroom was clean. It was vibrant. It was engaging. It was a good experience. --- Art Instructor

DISCUSSION

The LC is an interprofessional approach to learning with residents and families as the experts in their lived experience. The Algonquin LC at the Perley Rideau Veterans' Health Centre created an effective environment to learn about and care for older adults. Students described their satisfaction with the program, in particular, the small class size and the immersion in the clinical setting, which in turn helped improve their overall experience. This was described as an advantage of the LC approach (Boscart et al., 2017, 2020). Despite reporting some negative attributes of the LTC setting, such as staffing challenges and heavy workload, PSW students of the LC were more likely to work in LTC, which is consistent with findings from Boscart and colleagues (Boscart et al., 2020).

Students, staff, and residents described the benefits of participating in a LC program, notably how the program was “integrated” and those strong connections were made between the activities in the lab and the experiences on the clinical unit, the resident home area. Transfer of knowledge from the textbook and classroom to practical application

allowed the students to practice a person-centered approach for residents with complex care needs. Feedback from the first intake of LC students was used to improve how residents and families shared relevant lived experiences aligned with the students' learning objectives. As described by Boscart et al. (2017), maximizing the experiential learning as opposed to keeping theory and practice separated is critical to developing PSWs who will support quality care in LTC.

Given that the LC was built from a re-purposed space, the physical environment was important to assess during this evaluation. While seen as an overall asset to their learning experience, there was also the tension between the typical College student experience and needing to be respectful and mindful of the residents' living space. While the physical environment was not mentioned by participants in the program evaluation by Boscart et al. (2020), physical space is an important consideration for the LC model (Boscart, 2019).

Overall, the staff and residents had positive experiences with PSW students integrated into resident home areas at the LTC home. While for some staff, it was a challenge adjusting to the integrated model, others reported that the students brought positive energy that was an asset to the home. Staff members highlighted the need for improved communication between the organization, faculty, and the staff who would work with students. Having a single point of contact at the point of care (the PSW supervisor) supported the integration of the students within the team. Staff also highlighted the importance of mentorship training for PSW mentors. These are important considerations to facilitate a model that supports successful teaching, mentorship, and building successful relationships. In the LC evaluation conducted by Boscart and colleagues (2020), staff discussed the benefits of having PSW students integrated into the care in the home areas and that it would have been helpful to have a better understanding of the students' background to better support them in their learning.

Importantly, students described that their attitudes related to LTC also changed. Students spoke of an appreciation of the rewards of working in LTC and being able to have a positive impact on the lives of residents. Improvements in students' attitudes/perceptions toward LTC settings and residents were reported in the evaluation of the LC model by Boscart and colleagues (2020). Parallels can also

be made with the experience of entry-level nursing students. In a review of the literature focusing on nursing students' perceptions of working in aged care settings, Algosó and colleagues concluded that "clinical experiences in the aged care settings can encourage compassionate care..." (Algosó et al., 2016, p. 278). Swanlund and Kujath (2012) attributed improvements in nursing students' attitudes toward older adults and the choice to work with older adults to experiences in the clinical setting.

LIMITATIONS

While this study provides useful insights for education and health care professionals considering the creation of a LC, there were real-life circumstances posing limits to the significance of our findings. Although similar LC programs exist, the dearth of published evaluations means that there is not a body of literature to contextualize and compare our findings.

From a methodological perspective, including administrators and faculty among evaluation participants would have led to a more robust evaluation effort. We recognize the validity of all participants' points of view and are cognizant that they are embedded in the way they experience their reality. At the same time, had we included a wider variety of stakeholders' perspectives, we would have obtained a richer picture of the LC program implementation.

Despite our best efforts, a key group of study participants, PSWs who participated in the mentorship training sessions and guided students in the home areas, were not properly identified and recruited for participation in the focus groups. This resulted in interviewing PSWs that collaborated in a variety of students' placements experiences, but who did not participate directly in the formal mentorship orientation and tasks. Finally, our sample size for surveys and focus groups is small.

CONCLUSION

The LC model promotes interprofessional learning with hands-on experience in the long-term care setting. Effective communication with all stakeholders and a strong partnership between the academic institution and LTC home is essential in the development of a successful LC. Measuring success via the implementation of an ongoing evaluation framework to further understand the impact of the LC will be a priority for this team going forward.

While being immersed in the environment, the integrated program allows students to determine whether the LTC setting is their career destination of choice. This program evaluation illustrates that attitudes related to LTC changed during the student experience as students were able to see the rewards of working in LTC and have a positive impact on the lives of residents. Additionally, graduates from the LC were more likely to work in LTC making the LC model a successful workforce and recruitment strategy. Although the health human resources challenges facing LTC are complex and there is no one solution, the LC model is a promising option for homes seeking to support the ongoing development of Personal Support Workers prepared to care for the frail elderly in LTC.

Acknowledgments: This work was supported in part with funding from the Government of Ontario through the Ontario Centres for Learning, Research, and Innovation in Long-Term Care hosted at Bruyère. The views expressed herein do not necessarily reflect the views of the Province.

Disclosure Statement: No potential competing interest was reported by the authors.

REFERENCES

- Algosó, M., Peters, K., Ramjan, L., & East, L. (2016). Exploring undergraduate nursing students' perceptions of working in aged care settings: A review of the literature. *Nurse Education Today*, 36, 275–280. <https://doi.org/10.1016/j.nedt.2015.08.001>
- Boscart, V. M., D'Avernas, J., van der Horst, M. L., Garbutt, K., Sheiban Taucar, L., & Raasok, M. (2019). Shared learning environments for unregulated care provider education in long-term care: Innovative approaches and key considerations. *Gerontology & Geriatrics Education*, 1–9. <https://doi.org/10.1080/02701960.2019.1645015>
- Boscart, V. M., D'Avernas, J., Brown, P., & Raasok, M. (2017). Changing the Impact of Nursing Assistants' Education in Seniors' Care: the Living Classroom in Long-Term Care. *Canadian Geriatrics Journal*, 20(1), 15–21. <https://doi.org/10.5770/cgj.20.238>

- Boscart**, V. M., McCleary, L., Stolee, P., Taucar, L. S., Wilhelm, J., Johnson, K., D’Avernas, J., Brown, P., & Raasok, M. (2020). Enhancing nursing home care for seniors: impact of a living classroom on nursing assistant’s education. *Educational Gerontology*, 46(8), 461–472. <https://doi.org/10.1080/03601277.2020.1774842>
- Creswell**, J. W., & Clark, V. P. L. (2010). *Designing and Conducting Mixed Methods Research* (Second ed.). SAGE Publications, Inc.
- Duan**, Y., Iaconi, A., Song, Y., Norton, P. G., Squires, J. E., Keefe, J., Cummings, G. G., & Estabrooks, C. A. (2020). Care Aides Working Multiple Jobs: Considerations for Staffing Policies in Long-Term Care Homes During and After the COVID-19 Pandemic. *Journal of the American Medical Directors Association*, 21(10), 1390–1391. <https://doi.org/10.1016/j.jamda.2020.07.036>
- Garbutt**, K., Boscart, V., D’Avernas, J., van der Horst, M.-L., & Raasok, M. (2019). *The Living Classroom. Shared Learning Environments for PSW Education. The Living Classroom Implementation Guide for Colleges and Long-Term Care Home*. Living Classroom Implementation Guide. Retrieved December 1, 2021, from <https://the-ria.ca/wp-content/uploads/2018/08/RIA-Living-Classroom-Guide-2019-A.pdf>
- Hsu**, A. T., Lane, N., Sinha, S. K., Dunning, J., Dhuper, M., Kahiel, Z., & Sveistrup, H. (2020). *Impact of COVID-19 on residents of Canada’s long-term care homes – ongoing challenges and policy responses*. Long-Term Care Responses to COVID-19 (International Long-Term Care Policy Network). Retrieved December 1, 2021, from https://ltccovid.org/wp-content/uploads/2020/05/LTCcovid-country-reports-Canada_Hsu-et-al_May-10-2020-2.pdf
- Ontario Health Coalition by Unifor** (2019). *Caring in Crisis: Ontario’s Long-Term Care PSW Shortage*. Ontario Health Coalition. Retrieved December 1, 2021, from <https://www.ontariohealthcoalition.ca/wp-content/uploads/final-PSW-report.pdf>
- OLTCA** [Ontario Long-Term Care Association] (2014). *This is Long-Term Care 2014. OLTCA: Ontario Long Term Care Association*. Retrieved December 1, 2021, from https://www.oltca.com/oltca/Documents/Reports/This_is_LongTerm_Care_2014_Final.pdf
- OLTCA** [Ontario Long-Term Care Association] (2019). *Long-term care that works. For seniors. For Ontario. 2019 Budget Submission*. Retrieved December 1, 2021, from <https://www.oltca.com/OLTCA/Documents/Reports/2019OLTCABudgetSubmission-LTCthatWorks.pdf>
- Palinkas**, L. A., Aarons, G. A., Horwitz, S., Chamberlain, P., Hurlburt, M., & Landsverk, J. (2011). Mixed Method Designs in Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 44–53. <https://doi.org/10.1007/s10488-010-0314-z>
- Swanlund**, S., & Kujath, A. (2012). Attitudes of Baccalaureate Nursing Students Toward Older Adults: A Pilot Study. *Nursing Education Perspectives*, 33(3), 181–183. <https://doi.org/10.5480/1536-5026-33.3.181>