OT AND OTA PRACTITIONERS' PERCEPTIONS OF INTRAPROFESSIONAL COLLABORATIVE PRACTICE

A Thesis submitted to the faculty at Stanbridge University in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy

by

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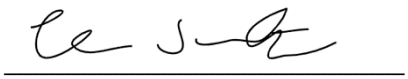
Certification of Approval

I certify that I have read *OT and OTA Practitioners' Perception of Intraprofessional Collaborative Practice* by Jamess Gerber, Kelly Kim, Mana Shalikar, and Anthony Vo in my opinion, this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.



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Abstract

Collaboration between occupational therapists (OTs) and occupational therapy assistants (OTAs) and the distinction between their respective roles have both been the subject of limited research, despite their fundamental importance. As occupational therapy practice areas continue to expand, it is becoming increasingly important for working therapists to differentiate between OTs and OTAs. More research on OT/OTA role competencies and role delineation will have a significant impact on the efficacy of collaboration. A collaborative survey among OT professionals can help broaden the competence required for effective clinical work in therapeutic settings. Through our research, a reliable and accurate questionnaire was constructed to investigate the perspectives of OT and OTA practitioners on intraprofessional collaboration, supervisory roles, and service competency. The survey was open to any licensed OT and OTA practicing in the United States. In all, 41 responses to the survey were received from the participants after an interval of two weeks. The results of the survey indicate that OT and OTA practitioners have better knowledge of their own practice but lack knowledge of respective practitioners' roles and practice guidelines. The most important finding is that a majority of OTs and OTAs agreed that collaboration is necessary for providing the best possible treatment to clients.

Keywords: OT/OTA collaboration, OT/OTA service competency, OT/OTA supervisory guideline

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OT and OTA Practitioners' Perceptions of Intraprofessional Collaborative Practice

The occupational therapist (OT) and occupational therapy assistant (OTA) play a vital role in the delivery of client-centered, occupation-based treatments. Today, healthcare is a fast-paced, profit-driven environment that demands effective intraprofessional collaboration. Although occupational therapy is a well-established profession with over a hundred years since its inception, the roles and duties between the OT and OTA are not clearly defined. Many OTs are not prepared to supervise an OTA due to a "lack of training in the principles of managing and supervising, unclear processes for resolving conflicts, discomfort with providing feedback, and being excluded from hiring and staffing decisions about assistants" (Penner et al., 2020, p. 401). In addition, many OTAs feel that they are not respected as an integral part of the team. OTAs "acknowledge sometimes feeling that they were subservient to the rest of the team because of their title" (Penner et al., 2020, p. 402).

Occupational therapy is widely applied in many different practice settings, from pediatrics to geriatrics. The variety of practice settings further complicates the delivery of services in that different practice settings may require different levels of supervision and communication between the OT and OTA. The American Occupational Therapy Association's (AOTA) 2025 vision describes occupational therapy, "as an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (AOTA, 2022). The 2025 vision supports an inclusive profession, yet it's questionable whether academic institutions properly prepare OTs and OTAs to collaborate as an effective team after graduation. The AOTA has defined a vision that describes an inclusive profession, and it is up to OTs and OTAs to understand

each other's roles and how to effectively collaborate to improve service delivery and, ultimately, patient outcome.

Since 1975, the AOTA has been aware that the development of strong "intraprofessional team building in occupational therapy is critically important to the vitality and expansion of the profession" (Blechert et al., 1987, p. 576). For over 45 years, guidelines have not been improved in their capacity to effectively foster intraprofessional collaboration (Johnson & Johnson, 1994). To achieve AOTA's 2025 vision, OTs and OTAs need to clearly understand each other's roles and responsibilities. Many academic institutions should also place an emphasis on intraprofessional collaboration during didactic coursework and throughout fieldwork experiences. Furthermore, the available literature regarding OT and OTA collaboration is scarce. While most articles offer few solutions, they all agree that there needs to be more clarity regarding role delineation. Besides scarce literature, existing guidelines established by the Accreditation Council of Occupational Therapy Education (ACOTE) are non-specific when describing OT and OTA collaboration. The official AOTA *Standards of Practice for Occupational Therapy* document lists guidance for practice but does not provide examples of actual clinical practice and collaborative practice between the OT and OTA. According to the AOTA practice guidelines, the OT will conduct the evaluation and set-up the treatment plan, and the OTA will administer interventions (AOTA, 2021). In actual clinical practice, there is so much more the OT and OTA can do to maximize the delivery of occupational therapy.

Research published in the *Journal of Occupational Therapy Education* shows a common theme in literature that intraprofessional collaboration is important because it promotes a healthy workplace environment, and enhances, "the quality and scope of OT

services provided" (Carson et al., 2018, p. 2). Mutual understanding between OTs and OTAs regarding roles, practice, and competency contributes to a healthy workplace environment. Drawing from our research literature below, we define a healthy workplace as a harmonious environment that fosters partnership and healing. As OTs and OTAs, it is important to establish trust in order for the delivery of occupational therapy services to improve. Patient outcomes may also improve due to successful intraprofessional collaboration. Through our research, we uncovered common themes that show the need to advocate for an improved understanding of effective intraprofessional collaboration. On a larger scale, OTs and OTAs advocate for the field of occupational therapy. At the practice level, OTs and OTAs need to advocate for each other. A clear understanding of roles, practice, and competency will empower all therapists to achieve the AOTA's vision for 2025 and foster a more inclusive profession (AOTA, 2022).

Literature Review

The Social Significance of OT and OTA Collaboration

Intraprofessional collaboration and role delineation are socially significant topics in occupational therapy, yet research has been limited. Even within the field of occupational therapy itself, practitioners can find it difficult to differentiate between roles. OT/OTA advocacy and mutual respect for each other's unique contribution to occupational therapy practice is what drives the future of occupational therapy (Blechert et al., 1987). As the field of occupational therapy continues to grow and expand, we can meet this challenge with increased research and advocacy for OT/OTA roles in different practice settings. The culmination of daily interactions between clients and therapists determines the value of our care as a profession. OT and OTA relationships that are disjointed ultimately affect the client's care. There may be clients that feel that they may

not benefit from occupational therapy and that it is not worth the time and effort. However, understanding the impact of communication, trust, and respect in OT and OTA relationships may significantly improve the quality of care for clients today (Jacobs & McCormack, 2019). When clients feel satisfied with their session, it creates a domino effect where demand for occupational therapy increases. Satisfied clients circulate their positive experiences and value gained with occupational therapy, allowing justification for continued reimbursement by insurance and increased wages of practitioners.

Common Themes of Research

There is a limited amount of research available when it comes to OT and OTA collaboration. There are many different roles and competencies when it comes to both OT and OTA. When reviewing the available research, we found a number of common themes. One common theme in Carson et al.'s research is the importance of knowledge of roles and competencies between the OT and OTA (Carson et al., 2018). Another common theme found in Costa et al.'s (2012) research was trying to determine if educational preparation of role competencies affect the collaboration between an OT and OTA practitioners in a professional setting. Educational programs must be accredited by ACOTE which means curriculum should align directly to the standards to ensure that practitioners are being educated by one standard to prevent miscommunication or confusion (AOTA, 2022).

Contributions of Articles to Research

Each article reviewed states that there is limited research available when discussing intraprofessional collaboration between the OT and the OTA. Although there was limited information available, our research was able to find important concepts relevant to successful intraprofessional collaboration. One study identified that "two-way

communication, the need for mutual respect, and the importance of professionalism were recognized as vital to effective teamwork" (Carson et al., 2018, p. 2). The article also emphasized that there are many opportunities for OT and OTA collaboration in fieldwork, yet many academic institutions are unable to bring OT and OTA students together for didactic studies because not all programs have both an OT and OTA program.

Through intraprofessional collaboration, practitioners can demonstrate the positive effects of a combined activity-based curriculum when promoting intraprofessional teamwork. The research considered the perceptions commonly held by the OT and OTA. "Both the OT and OTA students' perceived ability to work as a team, identify their roles/responsibilities, communicate with peers, and their ability to read scholarly articles improved after the Phase II intraprofessional collaboration" (Fan et al., 2021, p. 3). Key research findings demonstrate that OTAs perceive a lack of communication from the OT. Additionally, some OTs are hesitant to give feedback or feel like they lack management skills. Another barrier to successful intraprofessional collaboration is when the OT and OTA do not understand the meaning of intraprofessional collaboration. In an additional article from the *Canadian Journal for Occupational Therapy,* Jung et al. (2008) helped define key characteristics for successful collaboration between the OT and the OTA. The key characteristics for intraprofessional collaboration are, "common purpose, professional competence, interpersonal skills, trust and respect, effective communication, shared decision making, and a shared value of interdependence" (Jung et al., 2008, p. 43). The article goes into greater depth about each topic and identifies major themes that need to be addressed in education and practice. Increased communication and knowledge of role and competencies was a common

theme, and an important aspect of increasing collaboration. Additional research published in the *Journal of Occupational Therapy Education* showed that the development of a collaborative curricula, "can improve OT and OTA students' ability to engage in evidence-based practice and their perceived importance and ability to engage in intraprofessional collaboration" (Fan et al., 2021, p. 3). The improved curricula increased intraprofessional communication between the OT and the OTA, which can lead to improved patient outcomes in a clinical setting.

Lastly, Jung et al. (2008) examined the performance of OT and OTA students that were paired together during their fieldwork experience. After analyzing the experiences of OT and OTA students, fieldwork pairings showed that a learning experience prior to graduation can help students prepare for a future collaborative practice. All participants benefited from improved collaborative themes, such as, "developing the relationship, understanding roles, and recognizing environmental influences on learning" (Jung et al., 2008, p. 49). The researchers confirmed with participants that the experience helped with developing the relationship and understanding between OT and OTA roles.

Gap in Knowledge

Within OT and OTA collaboration research, limited studies determined the importance of collaboration and the knowledge of role competency with both disciplines. OT and OTA role confusion is a common theme throughout most articles and literature on the topic. Role confusion is further exacerbated by limited opportunities for intraprofessional collaborations during the didactic and practical education of the OT and OTA (Carson et al., 2018). Research has been conducted on the effectiveness of

collaboration in clinical practice according to the ACOTE standard that defines the roles of an OT and an OTA. Studies showed that intraprofessional learning experiences prior to graduation can help OT and OTA students with future collaborative practice (Jung et al., 2008). However, there is still a gap between the ACOTE standard and to what extent therapists understand each other's roles. Future studies on the effectiveness of incorporating measures to promote OT/OTA collaboration in educational curriculum could help provide insight into the importance of early intraprofessional collaboration.

Conclusion

Research on OT and OTA collaboration shows that there is a significant impact on knowing and understanding roles and the outcome of better collaboration between the two disciplines. According to the occupational therapy literature, increased knowledge in roles and competencies increased the flow and collaborative work between the OT and OTA (Jacobs & McCormack, 2019). Understanding OT/OTA roles increases communication during patient treatment and increases satisfaction from patients with treatment and interventions due to the better understanding between the two practices. Research today uses data from working OTs and OTAs who might only be familiar with the information provided by the AOTA guidelines and who may not have a clear understanding of the ACOTE guidelines. Due to the limited amount of information and educational courses or material available they may have not received formal education on their respective roles, but rather just a general introduction to OT/OTA supervisory roles and responsibilities. Research studies show that an understanding of roles and competencies are the foundation for positive work relationships between OTs and OTAs (Carson et al., 2018, p. 2). Ultimately, intraprofessional collaboration between an OT and OTA can help yield the best client-centered care possible.

Theoretical Framework

The field of occupational therapy has two levels of professional practice that functions as a team: OT and OTA. According to Cristina Scionti, our advisor and OT/OTA instructor, intraprofessional collaboration can be defined as cooperation, communication, and coordination (Cristina Scionti, personal communication, August 8, 2022). Intraprofessional collaboration is also the term that we are using to describe working with other professionals in the same disciplinary field. Many practitioners use different frameworks as a guideline for their practice. In a multidisciplinary team it is important to mirror a model that can help practitioners work smoothly with one another to result in good patient care outcomes. The Collaborative Learning Model has been adopted, integrated, and utilized "in both interprofessional and intraprofessional education" (Costa et al., 2012, p. 1). The collaborative model emphasizes the importance of active learning through dynamic collaborative interactions and experiences, which results in collaborative learning and collaborative practice in the field. According to Costa et al., (2012) the collaborative model allows individuals to move from a passive learning model to an active one. This in result helps prepare practitioners to learn lifelong skills that can be incorporated in the field while working in both intraprofessional and interprofessional teams. The collaborative learning model also emphasizes Vygotsky's zone of proximal development (Costa et al., 2012). This concept focuses on what a person can and cannot achieve in the form of zones. Between those zones is an area known as the zone of proximal development. In this zone, a person is able to learn new knowledge, but it requires the guidance and help of another person to achieve the new skill or process. When an individual has the resources to access another person who can teach them, the newly-learned skill will be a skill that can be found in their zone of

proximal development (Costa et al., 2012). Johnson and Johnson's (1994) research showed that students' skills comprehension, clinical application frequency, and intrinsic motivation increase when educators support and facilitate collaborative learning in the classroom.

The purpose of our research study was to explore OT and OTA practitioner perceptions on the importance of intraprofessional collaboration between licensed and practicing OTs and OTAs, irrespective of the practice setting. The study aims were to (a) research and collect data to determine the understanding of intraprofessional collaboration and service competency; (b) to identify knowledge and understanding gaps in OT/OTA role delineation and supervisory guidelines, and (c) to add to the body of research on effective OT/OTA intraprofessional collaboration to help support more intraprofessional collaboration experiences prior to licensure and clinical practice.

Methodology

Survey Research Design

After study approval by the Institutional Review Board at Stanbridge University (see Appendix B), the researchers employed a mixed-method qualitative and quantitative survey design using an online survey tool. The survey remained open to participants for 2 weeks from September 7, 2022, to September 21, 2022. The survey questions were created by researchers after conducting a thorough literature review and gathering evidence. The online survey tool was assessed for reliability and validity. Before the survey link was released to potential participants, the survey was piloted with Stanbridge University occupational therapy professionals for review and revisions. The purpose of

the online survey tool was to collect both quantitative and qualitative data from OT and OTA practitioners on key components of intraprofessional effective collaborative practice. The collected data was then used to identify potential understanding, attitudes, and beliefs regarding role delineation, service competency, and intraprofessional collaboration between OTs and OTAs.

Participants

Recruitment for online survey participants was conducted through the AOTA website and through convenience sampling of OTs and OTAs in a clinical setting. Prior to launch of the survey tool, the researchers contacted OT's national professional organization AOTA and Manale Clinic, which employs licensed OT/OTA practitioners, to place a survey participation announcement (see Appendix D). The researchers recruited a sample size of 41 participants from both sites.

Procedures

After clicking the link to begin the survey, an informed consent letter (see Appendix D) was provided to participants detailing survey information and research subject rights. We collected consent responses through our consent letter, which each participant viewed at the start of the anonymous survey tool. Each response was confirmed when the affirmatory response was chosen. All data collected from the survey measure was de-identified and pseudonyms such as Participants 1, 2, or 3 were only used during the qualitative data coding process. Completed surveys were automatically sent to a secure email with access granted only to research members for data analysis. There was no risk associated with participating in the survey research study.

Data Analysis

Researchers accessed the completed survey information through a password protected secure email. Qualitative and quantitative data were analyzed for significance and themes. Qualitative data from the free response portion of the survey was coded for categories and themes using Microsoft Excel. A constant comparative approach was used until meaningful themes emerged from the data. Quantitative data from the multiple choice and Likert Scale questions was inputted using SPSS software. SPSS is a comprehensive statistical software designed to process and analyze quantitative data. Researchers used SPSS to find measures of central tendencies, frequencies, and percentages. Means and standard deviations for OT and OTA groups were compared using independent t-test samples. Data analysis for qualitative and quantitative data were presented in appropriate charts, graphs, and tables.

Ethical and Legal Considerations

A request for informed consent was made at the start of the survey, and after consent was confirmed, the participant was able to take the survey. An introduction letter about the survey was sent to survey participants. The introductory letter included information about the survey's purpose, rules, length, and participant rights. It ensured that the participant had the choice to withdraw from the study at any time and that the survey results, which were stored in a secure location for data analysis, was only accessible by researchers. On the first page of the survey, there is a consent form that includes information about the survey and research subject rights. The introductory page must be read by participants, and participation was only allowed if they chose the "yes" response. No personal data identifying the participants was obtained. Consent responses from Survey Monkey were collected as anonymous data when data and results were

obtained. The anonymously completed questionnaires was stored is a password secured email that only researchers had access to. Participants were not captured on camera or in a video. The survey participants were licensed OT and OTA practitioners, who self-selected to take part in the survey research. Only an English version of the study was available. The only cost to participants was time and participants did not receive any compensation for participation in the survey research.

Qualitative Results

After gathering all responses, each answer was categorized and then organized into different charts. Each OT and OTA response was then compared to see if there were any common themes. For example, in Table 1, question 5, participants were asked to provide a concise explanation of how they define OTA service competency. The responses given by the OTAs and those given by the OTs shared certain commonalities. A respondent from the OTA answered, "when the OTA and OT agree with plan of care." However, a respondent from the OT replied, "the ability for the OTA to deliver the same service as OT in treatment."

In question 6, participants were requested to provide a clear explanation of how they understand the meaning of the term "OT service competency." A respondent from the OTA indicated that they describe service competency based on certifications, whereas a respondent from the OT stated that they describe service competency based on safety clinical reasoning. The participants were asked in question 10 to identify the ways in which the occupational therapy program they attended prepared them for intraprofessional collaborative practice. Both OTAs and OTs described their educational experience of interprofessional collaboration as leaving them feeling unprepared for the realities of the real world. Both groups shared the feeling that their curriculum did not

fully educate them to work well with others once they entered the workforce.

When answering question 11, which was to describe what they thought was the most difficult aspect of intraprofessional collaboration, both OTs and OTAs came to the conclusion that finding time to communicate is an essential component of the collaboration process. However, there were some differences in their answers as well, since OTAs believe that teamwork is also very important, whereas OTs believe that the most difficult aspect of collaboration between OTAs and OTs is the belief that OTAs cannot come up with adequate treatment plans on their own. This belief is the root of the disagreement between the two groups. In question 12, participants were asked to provide a concise description of their experience gaining an understanding of the partnership between OTAs and OTs in their particular profession. OTAs have claimed that their knowledge of cooperation is based on the level of trust that OTs have for OTAs, and that this trust is the foundation for their understanding of collaboration. The OTs have expressed that their concept of collaboration is built on their open communication with one another and their mutual respect for one another.

Possible Limitations of the Project

A significant limitation of this study was that the majority of respondents were OTs. The low sample size among the OTA group may have created false conclusions within the attitudes and beliefs on intraprofessional collaboration. A larger and more equal ratio of responses may have yielded different results. Another limitation was the data collection period was limited to the time of 2.5 weeks. Although the expected sample size was met, this may have impacted potential participants whose responses may have yielded additional feedback. Finally, due to the sampling's convenience, there may have been a bias among responses at the clinical worksite Manale Therapy if a

respondent shared the survey with another respondent they knew or have worked with. A shared work experience or prior discussion may influence their opinions on intraprofessional collaboration.

Table 1

Comparison of Qualitative Themes between OT and OTA responses

Question items	OTA Themes	OTA Example Quote	OT Themes	OT Example Quote
5. Can you briefly describe how you define an OTA service competency?	Agreeability on plan of care Obtains same results as the OT	"When the OT and OTA agree with plan of care." "Ability of OTA to obtain the same or equivalent results as the supervising OT."	Provides same services as the OT To carry out tasks at a skilled level	"The ability for an OTA to provide the same service as an OT in treatment." "Carry out tasks at a skilled level and therefore, is able to do them with less supervision."
6. Can you briefly describe how you define OT service competency?	Based on certifications and OT responsibilities OT ultimately accountable for safety & effectiveness	"Based on certifications and OT responsibilities OTs complete evals and treatment plans." "OT is responsible for all aspects of OT services and is ultimately accountable for the safety and effectiveness of OT services."	Demonstrates safety & Clinical Reasoning Performing a skill like an expert	"Understands use, precautions, and contraindications of using a technique or procedure in a given setting; understands the reasoning for using a procedure." "To perform a skill like an expert whether that expert is an OT or a COTA."
10. Can you	Underprepared for	"I feel like I	Underprepare	"I feel like

briefly describe how your occupational therapy program prepared you for intraprofessional collaborative practice?	real world practice Lived experience on the job as an Aide	wasn't prepared, I just knew enough to pass by program and work entry level." "My program was not adequate; I learned a lot from being an Aide."	d for real world practice Lived experience on the job/ Fieldwork	my program didn't prepare me on how to lead an OTA." "Academics did not help me much but experience with fieldwork and first job with mentorship helped."
11. Can you briefly describe what you think is the most challenging aspect of intraprofessional collaboration?	Teamwork & OT-OTA collegiality Taking time to communicate Knowing scope of practice	"The actual collaboration is most challenging and dependent on the level of collegiality between the OTR and OTA. " "Taking the time to communicate and discuss patient care." "knowing the scope of practice and what each person is and is not allowed to do"	Misunderstanding of true OT-OTA collaboration Finding time Disbelief in OTA skill set	"Most people, individuals and organizations misunderstand what true collab is often misunderstanding for cooperation or coordination. " "Finding the time to talk." "OTs thinking OTAs are "less than" and not believing that OTA can provide adequate

				treatment plans on their own."
12. Can you briefly describe your experience with understanding the collaboration between OT and OTA in your field?	Establishing Foundational Trust between OT/OTA Service Competency, justification of services, & Trust	"I only do what my OT tells me to do." "OT's need to trust the judgment of competent COTAs." "As a COTA as long as you can justify your services and you have service competently for treatment that progresses patients towards the goals, we have autonomous responsibility over our own practices."	Team effort OT/OTA equality Importance of open communication Mutual Respect, Communication & Collaboration	"Its a team effort, both are equally important and involved." "Open communication- "it is important to have open communication and respect each other's experience and knowledge." "It's all about showing respect for each other, and making time to communicate. Work out problems together. OT asks for input, don't just dictate."

Quantitative Results

Quantitative data was analyzed using SPSS software program and Pearson's chi-square test to examine associations between OT and OTA responses for the following categorical data and ordinal collected: Number of years practicing, $\chi^2(3, N = 41) = 3.18$, $p = .364$; Working with an OTA, $\chi^2(3, N = 41) = 2.58$, $p = .460$; Practice setting, $\chi^2(7, N = 41) = 11.40$, $p = .122$; Adequately able to collaborate with an OT/OTA, $\chi^2(4, N = 41) = 8.53$, $p = .074$; and knowledge of state regulations and OT/OTA supervisory guideline $\chi^2(4, N = 41) = 5.78$, $p = .216$. As shown in Table 2, there were no statistically significant associations between group (OT vs. OTA) on all outcomes. Comparison between demographic variables showed no significant association between the two groups. Question 6 was a Likert-scaled question, which collected ordinal data on feeling adequately able to collaborate with OTs/OTAs based on their academic preparation. As shown in Figure 5, the most common response among OT participants were neutral (n = 15; 50.0%) while only some OTA participants either disagreed (n = 3; 10.0%) or strongly agreed (n = 3; 10.0%) that they were adequately able to collaborate with OTs/OTAs.

Table 2

Comparison of outcomes between OT and OTA participants

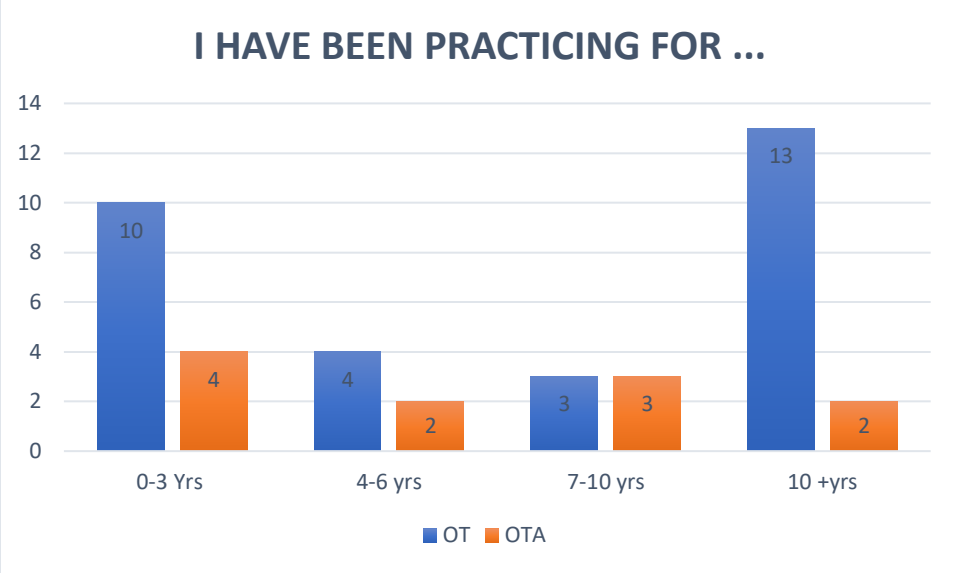
Variables	OT n (%)	OTA n (%)	p value
N = 41 (100.0)	n = 30 (73.2)	n = 11 (26.8)	
Years practicing, years			.364
0-3 (%)	10 (33.3)	4 (36.4)	
4-6 (%)	4 (13.3)	2 (18.2)	
7-10 (%)	3 (10.0)	3 (27.3)	
10+ (%)	13 (43.3)	2 (18.2)	
You've worked with…			.460
OT (%)	2 (6.7)	1 (9.1)	
OTA (%)	3 (10.0)	0 (0.0)	
Setting doesn't utilize OTA (%)	3 (10.0)	0 (0.0)	
OT & OTA (%)	22 (73.3)	10 (90.9)	
Practice setting			.122

Outpatient (%)	4 (13.3)	2 (18.2)	
Inpatient (%)	5 (16.7)	1 (9.1)	
Home health (%)	3 (10.0)	2 (18.2)	
SNF (%)	1 (3.3)	2 (18.2)	
Academia (%)	8 (26.7)	1 (9.1)	
Hand therapy (%)	0 (0.0)	2 (18.2)	
Pediatrics (%)	8 (26.7)	1 (9.1)	
Community based (%)	1 (3.3)	0 (0.0)	
OTs with previous licensure as an OTA			n/a
Yes (%)	3 (10.0)	0 (0.0)	
No (%)	27 (90.0)	0 (0.0)	
Doesn't apply [I'm a COTA] (%)	0 (0.0)	11 (100.0)	
Adequately able to collaborate w/ OT/OTA?			.074
Strongly disagree (%)	2 (6.7)	2 (18.2)	
Disagree (%)	4 (13.3)	3 (27.3)	
Neutral (%)	15 (50.0)	1 (9.1)	
Agree (%)	7 (23.3)	2 (18.2)	
Strongly agree (%)	3 (10.0)	3 (27.3)	
Know state regs: OT/OTA supervisory guidelines?			.216
Strongly disagree (%)	2 (6.7)	3 (27.3)	
Disagree (%)	4 (13.3)	0 (0.0)	
Neutral (%)	8 (26.7)	2 (18.2)	
Agree (%)	4 (13.3)	3 (27.3)	
Strongly agree (%)	12 (40.0)	3 (27.3)	

[a]p-value for the overall comparison of column proportions using Pearson's chi-square test.

Figure 1

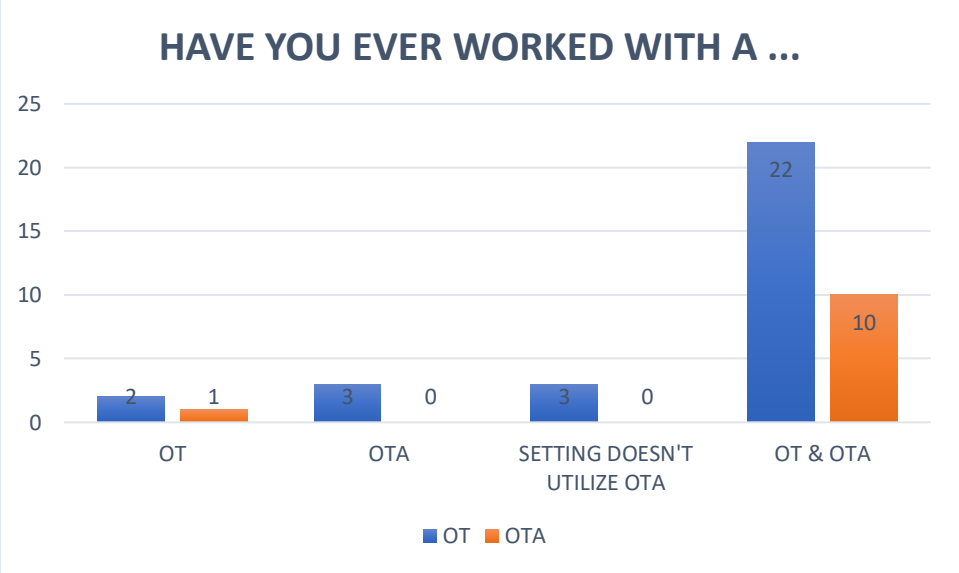
Years practicing.



As shown in Figure 1, many OT participants practiced for 10+ years (n = 13; 43.3%) while many OTA participants practiced for 0-3 years (n = 4; 36.4%).

Figure 2

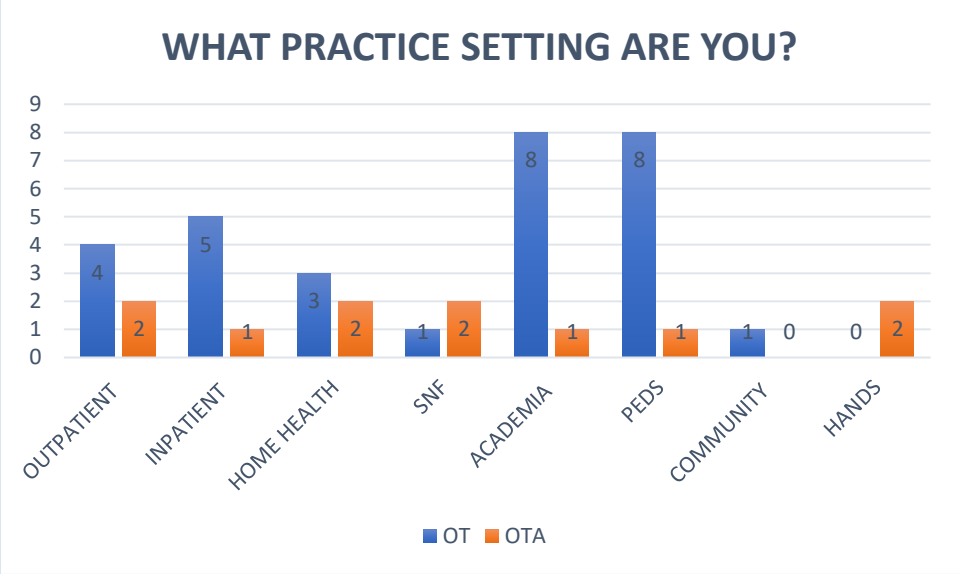
Worked with a COTA?



As shown in Figure 2, most OT participants worked with both OT and OTAs (n = 22; 73.3%) while most OTA participants also worked with both OT and OTAs (n = 10; 90.9%).

Figure 3

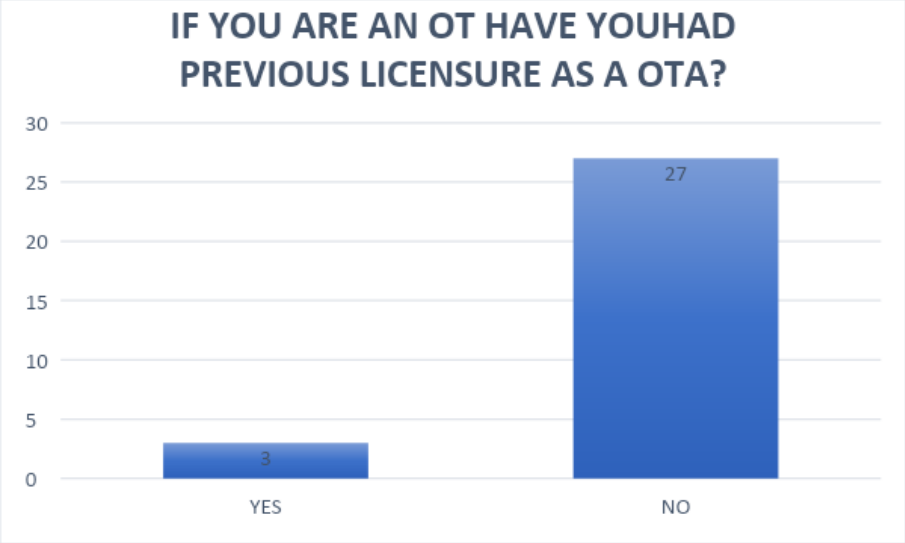
Practice setting.



As shown in Figure 3, OT participants worked in both academia (n = 8; 26.7%) and pediatrics (n = 8; 26.7%) while most OTA participants worked in a combination of outpatient (n = 2; 18.2%), home health (n = 2; 18.2%), SNF (n = 2; 18.2%), and hand therapy (n = 2; 18.2%).

Figure 4

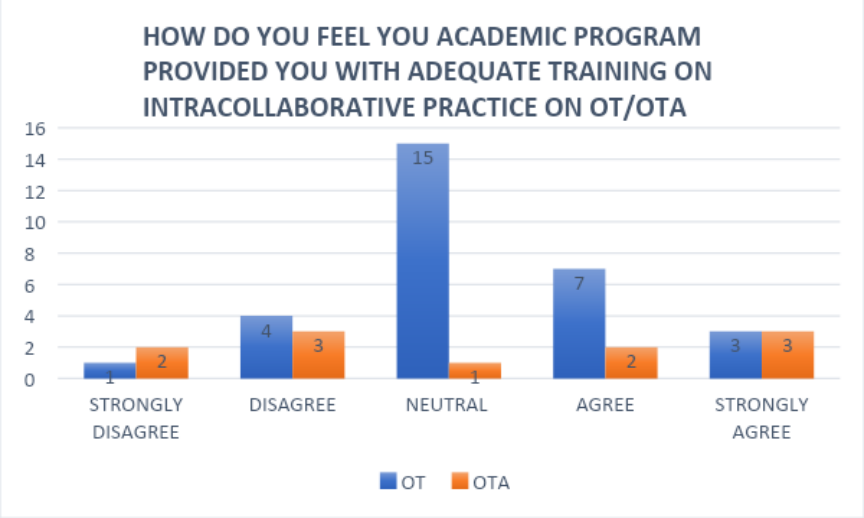
OTs with previous licensure as an OTA.



As shown in Figure 4, most OT participants have no previous licensure as an OTA (n = 27; 90.0%).

Figure 5

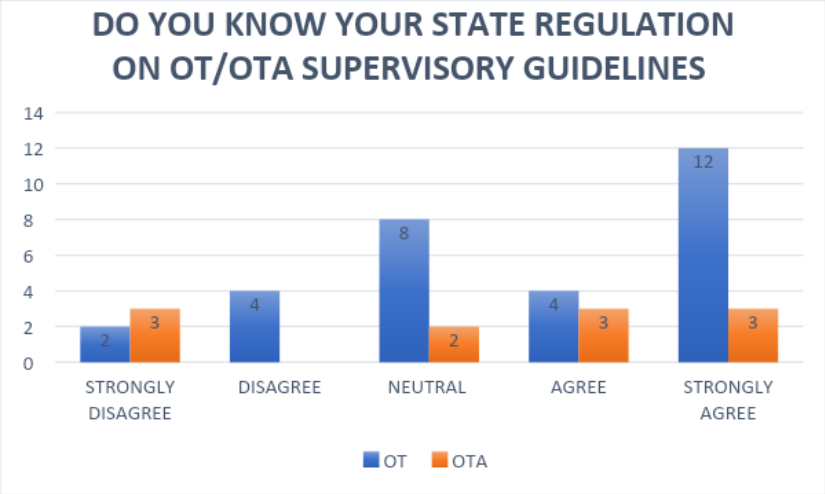
Adequately able to collaborate w/ OT/OTA?



As shown in Figure 5, half of OT participants are "neutral" (n = 15; 50.0%) while 10% of OTA participants either "disagreed" (n = 3; 10.0%) or "strongly agree" (n = 3; 10.0%) that they're adequately able to collaborate with OT/OTA.

Figure 6

Know state regs: OT/OTA supervisory guidelines?



As shown in Figure 6, many OT participants "strongly agree" (n = 12; 40.0%) while many OTA participants "strongly disagree" (n = 3; 10.0%), "agree" (n = 3; 10.0%), or "strongly agree" (n = 3; 10.0%) they know state regulation for OT/OTA supervisory guidelines.

Discussion

The goal of this study was to identify potential attitudes and beliefs of OT and OTA practitioners regarding role delineation, service competency, and intraprofessional collaboration. The results of this study further support the need for intraprofessional collaborative experiences early on in occupational therapy education and training. Quantitative findings identified that neither OT nor OTA respondents significantly agreed that their academic program provided adequate training on collaborative practice for their profession. Qualitative findings support this belief with both groups disclosing common themes of feeling underprepared and learning through real world practice. These results provide educators with guidance for refinement in academic program development training, particularly with emphasis on intraprofessional collaborative practice.

Our study results align with what currently exists in literature on OT and OTA collaboration. There is still a gray area of understanding between the two professions in

actual clinical practice. OTs and OTAs attend their respective academic programs and learn nearly identical coursework. However, real world practice experience is what shaped respondents' beliefs and attitudes on intraprofessional collaboration. One aspect for potential future research is to interview practicing OTs and OTAs through a focus group. Using a survey tool is convenient for researchers and respondents but does not allow for clarification or further explanation.

Summary

Occupational therapy has no specific guidelines when defining intraprofessional collaboration between an OT and an OTA. Current practice guidelines set by AOTA and ACOTE are broad and do not provide specific guidance to new graduates. Our survey was designed to first classify our respondents based on years of practice, practice setting, and position held. Our survey also ensured anonymity as a way to get honest, qualitative data concerning the most important aspects of intraprofessional collaboration. The final goal of our survey was to highlight common perceptions held by currently practicing OTs and OTAs regarding intraprofessional collaboration.

Overall, our survey achieved 41 responses (n=41) and everyone agreed that successful intraprofessional collaboration is challenging. Interestingly, the majority of OT respondents (n= 27) were never licensed as an OTA, which may have influenced their views regarding intraprofessional collaboration. OTs also responded neutrally (n=15) when answering whether their program prepared them for intraprofessional collaboration, and yet OTs (n=12) also strongly agreed that they were knowledgeable regarding their state supervisory regulations. Conversely, OTA responses were split regarding whether their program prepared them for intraprofessional collaboration. Our survey was successful in showing the varying perspectives of both OTs and OTAs. These results may

show that OTs and OTAs do not have a firm grasp on what it takes to successfully collaborate.

Common themes appeared as our research data was gathered and analyzed. Many OTs commented that they learned more about intraprofessional collaboration from fieldwork compared to didactic coursework. Several responses from both OTs and OTAs agreed that the most challenging aspect of intraprofessional collaboration is mutual respect and not having sufficient time to collaborate. Unfortunately, there seemed to be a lack of understanding regarding roles, demonstrated by responses which stated that the OT only does the evaluations, and the OTA does the interventions. When looking through these themes it appears that there is lack of clear understanding regarding intraprofessional collaboration.

Conclusion

Altogether, the data showed that there were no statistically significant ($p<.05$) associations with the qualitative responses between OTs and OTAs. However, based on the responses from practicing clinicians, academic preparedness is vital to the understanding of effective intraprofessional collaboration. Our surveys demonstrated that many clinicians have only a partial understanding, or a clear lack of understanding when it comes to intraprofessional collaboration. Several responses also indicated that both OT and OTA scholastic programs are not preparing students for intraprofessional collaboration, which can vary according to the work setting. Age, experience, and personalities are additional variables which can influence intraprofessional collaboration. Overall, our data shows that there are many opportunities to improve intraprofessional collaboration. The data from our study highlights many themes that academic programs can focus on to better prepare students for clinical practice in the real world.

Recommendations

Supervisory guidelines, service competency, and role delineation are important issues that need to be fully understood to improve intraprofessional collaboration. Further research is needed to fully understand the needs of OTs and OTAs, so that the delivery of occupational therapy services can be maximized. Future researchers can conduct surveys at different practice settings to compare responses between OTs and OTAs regarding common themes of intraprofessional collaboration. This data can then be compared with other settings to see if there is any variance in the definition of intraprofessional collaboration. Additional research can also be done internationally through organizations such as the World Federation of Occupational Therapy to see if there are any cultural or professional differences in intraprofessional collaboration. Another key source of information is to conduct research at different academic institutions which offer OT and OTA programs. Academic institutions which offer OT and OTA programs can help provide a glimpse of a student's perspective regarding intraprofessional collaboration prior to fieldwork and after fieldwork. This information then can be used to help develop projects, assignments, and learning opportunities for students to help develop intraprofessional collaboration skills prior to graduation. A clear definition of intraprofessional collaboration, partnered with an appropriate curriculum, can prepare students to be part of a successful team in different work settings. Successful intraprofessional collaboration helps foster a healthy work environment which leads to improved patient results and patient satisfaction.

References

American Occupational Therapy Association. (2021). Standards of practice for occupational therapy. *The American Journal of Occupational Therapy*, *75*(Supplement_3), Article 7513410030. https://doi.org/10.5014/ajot.2021.75s3004

American Occupational Therapy Association. (2022). *About AOTA.* https://www.aota.org/about/mission-vision

Blechert, T. F., Christiansen, M. F., & Kari, N. (1987). Intraprofessional team building between occupational therapists and occupational therapy assistants. *American Journal of Occupational Therapy, 41*(9), 576–582.

Carson, N. E., Crawford, J., & Hanner, N. (2018). Creating opportunities for OT-OTA student learning through community collaborations. *Journal of Occupational Therapy Education*, *2*(2). https://doi.org/10.26681/jote.2018.020208

Costa, D., Molinsky, R., & Sauerwald, C. (2012, March). *Using a collaborative/ concurrent model of supervision for OT and OTA students*. Presentation at the Philadelphia Region Fieldwork Consortium Annual Clinical Council Day, Philadelphia. https://www.duq.edu/assets/Documents/occupational-therapy/Fieldwork-Education/Suggested%20Readings/Collaborative%20IPE.pdf

Fan, C.-W., Huang, H.-H., & Case, V. (2021). Intraprofessional collaboration in learning evidence-based practice. *Journal of Occupational Therapy Education*, *5*(3), 1–19. https://doi.org/10.26681/jote.2021.050308

Jacobs, K., & McCormack, G. L. (2019). *The occupational therapy manager* (6th ed.). AOTA Press.

Johnson, D. W., & Johnson, R. T. (1994). *Learning together and alone: Cooperative,*

competitive and individualistic learning. (4th ed.). Allyn and Bacon.

Jung, B., Salvatori, P., & Martin, A. (2008). Intraprofessional fieldwork education: Occupational therapy and occupational therapist assistant students learning together. *Canadian Journal of Occupational Therapy, 75*(1), 42–50. https://journals.sagepub.com/doi/10.2182/cjot.06.05x

Penner, J. D., Snively, A., Packham, T. L., Henderson, J., Principi, E., & Malstrom, B. (2020). Viewpoints of the occupational therapist assistant–physiotherapist assistant role on inter-professional teams: A mixed-methods study. *Physiotherapy Canada*, *72*(4), 394–405. https://doi.org/10.3138/ptc-2019-0011

Appendix A

OT/OTA Intraprofessional Collaboration Tool

1. I am an ..
    a) OTA
    b) OT

0. I have been Practicing for..
    a) 0-3 years
    b) 4-6 years
    c) 7-10 years
    d) 10+ years

0. Have you ever worked with a..
    a) OTA
    b) OT
    c) Setting does not utilize OTA
    d) Both A&B

0. What practice setting are you?
    a) Outpatient
    b) Inpatient
    c) Pediatric
    d) SNF
    e) Home health
    f) Other:_____

0. Can you briefly describe how you define an OTA service competency?

0. Can you briefly describe how you define an OT service competency?

0. If you are an OT have you had previous licensure as a OTA
    a) Yes
    b) No
    c) Does not apply (I am a COTA)

0. How do you feel your academic program provide you with adequate training on OT/OTA intracollaborotive practice?

Strongly disagree 1 2 3 4 5 Strongly agree

0. Can you briefly describe how your occupational therapy program prepared you for intraprofessional collaborative practice?

0. Do you know your state regulation on OT/OTA supervisory guidelines

Strongly disagree 1 2 3 4 5 Strongly agree

0. Can you briefly describe what you think is the most challenging aspect of intraprofessional collaboration?

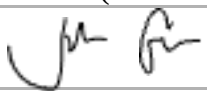
0. Can you briefly describe your experience with understanding the collaboration between OT and OTA in your field?

Appendix B

IRB Approval Email

Dear Dr. Cristina Scionti and Students,

The Stanbridge University Institutional Review Board has completed the review of your application entitled " OT/OTA Practitioner Perceptions of Intraprofessional Collaborative Practice." Your application (MSOT011-515) is approved and categorized as Exempt.

IRB Application Number	MSOT011-515
Date	09/06/2022
Level of Review	**Exempt**
Application Approved	X
Conditional Approval	
Disapproved	
Comments	The requested Minor changes have been reviewed and confirmed as completed by the IRB. (09/06/2022)
Signature of IRB Chair	

Please note that any anticipated changes to this approved protocol requires submission of an IRB Modification application with IRB approval confirmed prior to their implementation.

Sincerely,
Julie Grace, M.S., M.A.
IRB Chair

Appendix C

Site Authorization Email

Vivian August 26, 2022 at 3:51 PM
Re: Site Permission for Research Study
To: Kelly Kim

Hello Kelly
You Have approval to conduct your research study in our clinic.
Attached is the signed form approved by the clinical director.

If you have any questions, feel free to contact me at the email below.
vivian@mrn.health

Thank you
Vivian

Vivian Mendoza
Manale Occupational & Physical Therapy, Office Manager

Manale
Occupational & Physical Therapy

7320 Firestone Blvd. Suite 105
Downey, CA 90241
Phone: 562-927-5820 Ext. 1
Fax: 562-684-0102

Appendix D

Survey Research Consent Form

Appendix B- Consent Form for Surveys

Description: What data are we collecting?

Jamess Gerber, Kelly Kim, Mana Shalikar, Anthony Vo, graduate students in the Master of Occupational Therapy Program at Stanbridge University, are conducting a research study on OT/OTA Practitioner Perceptions of Intraprofessional Collaborative Practice. You are being asked to complete this survey because of your clinical experience as a licensed OT/OTA.

This research is a partial fulfillment of our post professional Master of Science Occupational Therapy program at Stanbridge University. If you agree to take part in this online survey, you will be asked to complete a 12 item questionnaire on the following pages. This survey will include questions about your current position, your practice setting, your understanding and beliefs of OT/OTA service competency and supervisory roles, and your experiences in academia regarding OT/OTA intraprofessional collaboration. The survey will take approximately 7-10 minutes to complete.

Inclusion & Exclusion: The inclusion criteria would be: (a) irrespective of practice setting, any currently licenced occupational therapist (OT/L) or occupational therapy assistant (OTA/L) in the continental United States plus Alaska and Hawaii. Additional criteria include: (b) at least 18 years old, (c) any gender, sexual orientation, religious affiliation, and ehtnicity. Exclusion criteria would include any healthcare professional not licensed as an OT/OTA, or OT/OTA students, and non-English speaking participants, because the survey tool is only offered in English.

Risks and Benefits: There is no anticipated risk in participation in this brief online survey. However, collected data may be shared with future researchers who may expand on this research study.Benefits of participating in this online survey might include helping us identify areas of focus to better improve academic preparation and ultimately, the occupational therapy process and client outcomes.

Participant Rights: This survey is anonymous, and no personal identifiable information will be collected as part of this survey. Computerized data will be stored securely through a private university email and only accessible by the researchers. By clicking on the " I agree" button, you are agreeing to participate in this survey. Your participation in this survey is completely voluntary. You can withdraw at any time and are free to skip any questions you choose without any adverse effects.

Contact Information: If you have questions about this survey research and/or concerning your rights as a survey respondent, please contact the Faculty Advisor: Cristina Scionti; Master of Science in Occupational Therapy Faculty, (949) 794-9090 x 5170.

By proceeding to the survey questions on the next page, you are indicating that you are at least 18 years of age and are a licensed OT/OTA practitioner.

Please feel free to contact Kelly Kim or the Principal Investigator if you have any questions or concerns:

Kelly Kim
Ph: 909-859-4564
Kellykimcota@gmail.com

Cris Scionti
Ph: 310-256-1500
cscionti@stanbridge.edu

If you have questions about your rights as a research participant, you may contact the Stanbridge University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. Please call the IRB Office at 949-794-9090 or via email at irb@stanbridge.edu.

If you would prefer not to participate, please do not fill out a survey.

If you consent to participate, please complete the survey