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Abstract

Fostering intraprofessional collaboration (intraPC) between occupational therapy (OT) and occupational therapy assistant (OTA) students is an integral piece of occupational therapy education programs. The Accreditation Council for Occupational Therapy Education (ACOTE) even expanded upon intraPC standards in their 2023 standards version. Despite the importance of intraPC activities, barriers exist to their implementation such as time, cost, and logistics. However, it is still important for OT program faculty to identify what types of intraprofessional education activities are a good fit for their program to ensure compliance with standards and prepare students for future collaboration. A quantitative cross-sectional design was used to gather data from four associate degree OTA programs and one master's degree OT program (N=73). All students completed a semester-long video case study project which provided remote face-to-face collaboration opportunities between randomly paired OT and OTA students. Then, students completed a pre- and post-measure, a modified version of the Interprofessional Collaborative Competency Attainment Scales (ICCAS). A paired samples t-test was performed to compare OT and OTA student combined scores regarding intraPC competency before and after project completion. There was significant difference in all construct areas ($p<0.001$). A large effect size for combined students' overall collaborative competency was discovered with corresponding results found in four of the six constructs: communication, collaboration, patient-centered care, and team functioning, with a medium effect size for roles and responsibilities and conflict management. These results support the use of this remote, video case-based project to meet intraprofessional educational standards for OT and OTA students.

Keywords

Intraprofessional education, collaboration, video case study

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OT/OTA Student Intraprofessional Collaboration: A Multi-University Remote Design

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ABSTRACT

Fostering intraprofessional collaboration (intraPC) between occupational therapy (OT) and occupational therapy assistant (OTA) students is an integral piece of occupational therapy education programs. The Accreditation Council for Occupational Therapy Education (ACOTE) even expanded upon intraPC standards in their 2023 standards version. Despite the importance of intraPC activities, barriers exist to their implementation such as time, cost, and logistics. However, it is still important for OT program faculty to identify what types of intraprofessional education activities are a good fit for their program to ensure compliance with standards and prepare students for future collaboration. A quantitative cross-sectional design was used to gather data from four associate degree OTA programs and one master's degree OT program (N=73). All students completed a semester-long video case study project which provided remote face-to-face collaboration opportunities between randomly paired OT and OTA students. Then, students completed a pre- and post-measure, a modified version of the Interprofessional Collaborative Competency Attainment Scales (ICCAS). A paired samples t-test was performed to compare OT and OTA student combined scores regarding intraPC competency before and after project completion. There was significant difference in all construct areas ($p<0.001$). A large effect size for combined students' overall collaborative competency was discovered with corresponding results found in four of the six constructs: communication, collaboration, patient-centered care, and team functioning, with a medium effect size for roles and responsibilities and conflict management. These results support the use of this remote, video case-based project to meet intraprofessional educational standards for OT and OTA students.

Introduction

Interprofessional collaboration (IPC) in healthcare can promote ideal outcomes for healthcare consumers. Interprofessional collaboration happens “when multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care” (World Health Organization [WHO], 2010). Occupational therapists are among these healthcare workers and include doctors, nurses, pharmacists, social workers, physical therapists, and other healthcare disciplines. When healthcare workers work together, health outcomes improve (Gustafson & Brzuz, 2024). While IPC is important for health outcomes, so is intraprofessional collaboration (intraPC). This intraprofessional collaboration occurs when professionals in the same field work together in a collaborative manner for the betterment of their clients. Successful IPC and intraprofessional collaboration both require good communication, teamwork, and a good understanding of roles, responsibilities, and ethics. However, intraprofessional collaboration has the extra requirement of managing supervision dynamics.

In occupational therapy, intraprofessional collaboration describes the working relationship between occupational therapists and occupational therapy assistants (American Occupational Therapy Association [AOTA], 2018). While successful intraprofessional collaboration has always been key to creating positive client outcomes in occupational therapy, more recently there has been an expansion in intraprofessional collaboration interest and thus the literature is expanding. Most notably, AOTA created an official document about the topic and stated, “the occupational therapy profession acknowledges that intraprofessional collaboration among occupational therapists and occupational therapy assistants from a mindful, positive, and ethical position is paramount in the vast array of increasingly complex practice environments” (AOTA, 2018, p. 1). This guiding document contains useful information to help the profession continue to emphasize the importance of intraprofessional collaboration moving into the future. Further, Diamant et al. (2018) developed an intraprofessional collaboration survey to determine occupational therapy practitioners’ perceptions of important intraprofessional competencies. The authors created and organized their competencies according to the four domain areas of the Core Competencies for Interprofessional Collaborative Practice (IPEC, 2011). They modified the IPEC domain areas and organized their competencies into the areas of: intraprofessional teamwork; roles and responsibilities for collaborative practice; communication for intraprofessional practice; and values and ethics for intraprofessional practice. The authors determined that their study was a “first step in identifying and describing competencies essential for intraprofessional collaboration in occupational therapy” (Diamant et al., 2018, p. 337). The results from their study, along with AOTA’s official document, can be used as guides for developing effective intraprofessional collaboration skills across all occupational therapy settings.

To prepare occupational therapy and occupational therapy assistant students for successful intracollaborative practice, occupational therapy programs can infuse intraprofessional education into their curriculum. Intraprofessional education is “an educational activity that occurs between two or more professionals within the same discipline, which encourages participants to work together, act jointly, and cooperate” (Jung et al., 2010, p. 235). Intraprofessional education is so important to the occupational therapy profession that the Accreditation Council for Occupational Therapy Education (ACOTE) has established intraprofessional standards. The standards are part of all four educational levels in the standards document and span topics such as effective intraprofessional collaboration, the consultative process, and supervision of personnel (ACOTE, 2022). At the time of this study’s data collection, the 2018 ACOTE standards were in effect and were reflected upon when creating the intraprofessional education activity being analyzed. In the 2018 version, there were three standards that addressed intraprofessional collaboration: B.4.19, B. 4.24, and B. 5.8. Since then, the ACOTE standards have been updated and it seems an even greater emphasis has been placed on intraprofessional collaboration. In the 2023 standards version, there are five standards that address intraprofessional collaboration: B.3.3, B.3.10, B.3.21, B.3.22, and B.4.6 (ACOTE, 2024). This expansion shows the growing importance of ensuring occupational therapy and occupational therapy assistant students are prepared to collaborate, throughout the entire occupational therapy process, upon graduation.

There are many types of intraprofessional education activities occupational therapy programs can implement. Activities can include short term case studies, community based experiential learning activities, semester long elective courses, and even collaborative fieldwork placements (AOTA, 2018; Carson et al., 2018; Dennehy, 2022; Johnston et al., 2013; Jung et al., 2008). Fan (2023) and Carpenter et al. (2023) found that even an escape room using a game-based learning approach can improve intraprofessional teamwork and collaboration. While the possibilities for intraprofessional education activities are numerous, there are barriers to implementation. Watford et al. (2022) conducted a survey aimed at occupational therapy and occupational therapy assistant programs to determine how many programs included intraprofessional programming in their curriculum. The survey found that 79% of programs surveyed included this type of programming and that most of the activities were less than one week in length and 43% were case study formats. Barriers to intraprofessional programming identified in the literature include logistics, costs, and time commitments (Dennehy, 2022).

Despite these barriers, it is still important for occupational therapy program faculty to identify what types of intraprofessional education activities are a good fit for their program to ensure compliance with ACOTE standards and appropriately prepare students for future collaboration. Consideration of the program’s curricular design, program philosophy, geography, and student demographics can be helpful. For example, if an occupational therapy program is close geographically to an occupational

therapy assistant program, an in-person activity may be easily implemented. If an occupational therapy program is not close to any occupational therapy assistant programs, a remote activity may be considered.

Educators need to consider which intraprofessional education experience delivery method is best for their program and ensure it fits within the program's learning philosophy. Fortunately, the recent increase and acceptance in remote educational delivery has opened more collaborative educational activity opportunities. This delivery method can easily be applied to occupational therapy/ occupational therapy assistant intraprofessional activities. The current literature contains various effective occupational therapy/ occupational therapy assistant intraprofessional education delivery methods such as face-to-face during didactic courses (Fan et al., 2021; Johnston et al., 2013), face-to-face during fieldwork (Jung et al., 2008), and a combination of face-to-face and remote (Dennehy, 2017). But there is a gap in the literature regarding the effectiveness of remote-only occupational therapy/ occupational therapy assistant intraprofessional education activities. A remote-only option can be useful for programs in areas that do not have neighboring occupational therapy or occupational therapy assistant schools where face-to-face encounters are possible. The purpose of this study was to explore occupational therapy and occupational therapy assistant students' perceptions of their intraprofessional collaboration skills after participating in a remote-only intraprofessional education activity. The activity was created to support the occupational therapy program's learning philosophy of 'active engagement' and facilitated occupational therapy and occupational therapy assistant student collaboration via online meetings and video case studies.

Method

Design

This study utilized a quantitative cross-sectional design using a pretest and posttest survey of 20 Likert-type scale questions.

Participants

Institutions with Accredited Occupational Therapy and Occupational Therapy Assistant Programs

Recruitment was completed in western Pennsylvania and southwestern New York. Inclusionary criteria necessitated programs with full-time students, from accredited occupational therapy and occupational therapy assistant programs, with faculty willing to utilize virtual discussions using FaceTime, Skype, live video chatting, or Zoom calls. The primary investigator (PI), from a master's program, successfully recruited three faculty from three separate associate degree programs to participate in the study and offer the opportunity to their students.

Occupational Therapy and Occupational Therapy Assistant Students

Faculty from all four schools actively recruited a total of 73 students who consented to participate (N=73; n=42 OT; n=31 OTA) in the study. Learner demographics were not collected due to the active student/instructor relationship and to increase student comfortability with participation in the study. Institution A, the occupational therapy school, was in northwestern Pennsylvania and consisted of students in the fourth year of a five-year master's program. Institution B was an occupational therapy assistant school in southwestern New York and consisted of students in their first year of the occupational therapy assistant program. Institution C was in western Pennsylvania and consisted of students in their second year of an occupational therapy assistant program. Institution D was in central Pennsylvania and consisted of students in the second year of an occupational therapy assistant program. Complementing occupational therapy/ occupational therapy assistant student teams were randomly assigned to simulate authentic professional partnering.

Intraprofessional Education Activity and Procedures

Planning

In the planning phase, the professors from each of the four institutions collaborated to determine the best fit for inclusion of case study options from the International Clinical Educators (ICE, 2024) video library and to determine inclusion topics related to intraprofessionalism in occupational therapy. Video case studies chosen for this project included “Dale” (all three videos), “Clint” (outpatient assessment videos 1-5), and “Ellanora” (initiating treatment bedside video parts 2, 3, and 4). Initial evaluation and treatment intervention plan documents were modified from ICE and utilized for this project.

Activity Overview

The intraprofessional activity spanned throughout the second semester of the academic year. Each occupational therapy student was paired with an occupational therapy assistant student to work through a randomly assigned adult physical disability case study (Dale, Clint, or Ellanora). All students were required to participate in the project but did not have to participate in the research study. See Table 1 for phases of the intraprofessional collaboration activities. The timeline for each phase's completion was flexible to accommodate university schedules and a chance to discuss assignments within curricula.

Table 1

Phases for Intraprofessional Collaboration (Spring semester)

	OT Students	OTA Students	OT/OTA Professors
Phase one			
• Randomly assign partners and provide students with assignment overview			X
• Make initial contact to set up first virtual meeting		X	
• Watch ICE video	X	X	
Phase two			
• Develop initial evaluation based on ICE video	X		
Phase three			
• Ask for clarification or constructive feedback from OTA student	X		
Phase four			
• Develop unique evidence-based intervention		X	
• Provide one journal article to support intervention		X	
Phase five			
• Ask for clarification or constructive feedback from OT student		X	
• Review intervention plan	X		
• Add journal article to support intervention	X		
• Schedule final virtual meeting to discuss evidence-based articles and interventions	X		
Phase six			
• Make necessary changes to intervention plan		X	
• Submit final intervention for OTS to co-sign		X	
• Co-sign final intervention plan	X		
• Submit final project to professor	X	X	

Research Procedure

At the beginning of the activity, students were provided with the option to participate in the research study. Blind consent was obtained for students who agreed to participate. Thus, all students, regardless of their participation choice, were provided with an envelope. Each envelope contained a blank piece of paper, a consent form, and a pre-test. All students put their names on the blank piece of paper. Those who chose to participate in the study filled out the consent form and pretest survey. All students returned their name sheet, survey, and consent form to the envelope regardless of their participation status. A student volunteer collected and sealed all envelopes. Then, following the completion of the intraprofessional activity, students were provided with their envelopes again and were given time in class to complete their posttest if they chose to do so. All students, regardless of their participation, removed their name sheet for disposal and returned the survey to the envelope to de-identify their own data; no coding needed to be used to maintain confidentiality. The consent forms were collected by class and were placed in a collective class envelope and sealed. All students returned their envelopes to the instructor. Once all student surveys were obtained, the surveys were provided to the primary investigator. Following course completion, the primary investigator opened all the de-identified and sealed envelopes for data analysis.

Measures/Instruments

Due to the lack of intraprofessional collaboration measures, the researchers chose to use an IPC measure. Interprofessional collaboration and intraprofessional collaboration require similar skill sets for success (AOTA, 2018); however, IPC does not include a supervision element. An additional difference between IPC and intraprofessional collaboration is that intraprofessional collaboration for occupational therapy entails a legal obligation between an occupational therapist and an occupational therapy assistant, which is not seen in an interprofessional relationship. Because there are more similarities than differences between IPC and intraprofessional collaboration and no intraprofessional collaboration measure exists, a modified version of the Interprofessional Collaborative Competency Attainment Scale (ICCAS) was used for this study. The ICCAS was developed by MacDonald et al. (2010) and revised by Schmitz et al. (2017). It is a 20-item self-report questionnaire that was designed to measure the self-reported change in interprofessional competency. The ICCAS has six subscales that reflect the core competencies for interprofessional collaborative practice. These competencies were created by the Interprofessional Education Collaborative (2016) and are widely used in researching interprofessional education. These subscales are communication, collaboration, roles and responsibilities, collaborative patient-centered approach, conflict management, and team functioning. The ICCAS is a Likert-scale with scores ranging from one to five, where 1 = Poor; 2 = Fair; 3 = Good; 4 = Very good; 5 = Excellent. When the ICCAS is used to measure interprofessional collaborative competency, it has been shown to have large effect size in 16 items with the remaining items having a moderate effect size (Schmitz et al., 2017; Violato & King, 2019) and that “use of a total average score is justifiable for assessment and evaluation” (Schmitz et al., 2017 p. 28). For this research, the original author's permission was obtained to modify the survey to research intraPC between occupational therapy and occupational therapy assistant students. Modification of the survey included the substitution of

interprofessional to *intraprofessional* which may impact the standardization of the tool as the tool has not been utilized within this population. The supervisory role between the occupational therapist and the occupational therapy assistant was not researched in this study or through the ICCAS. The modified ICCAS was administered as a pre-test and post-test for the occupational therapy and occupational therapy assistant cohorts before and after the completion of a required course collaboration project to determine the project's effectiveness concerning collaborative competency.

Data Collection

Prior to and following the required student assignment, we administered the ICCAS to each cohort of students (N = 73). The ICCAS was distributed on paper for both the pre- and posttest, with the pretest scores unavailable to the students during the posttest. Of the students completing the ICCAS, 57.5% were occupational therapy students and 42.5% were occupational therapy assistant students.

Data Analysis

A paired t-test analyzed pre- and post-test ICCAS scores across intraprofessional constructs for combined occupational therapy and occupational therapy assistant student data. The ICCAS constructs included: intraprofessional communication, collaboration, roles and responsibilities, collaborative patient centered approach, conflict management and team functioning. The primary investigator transposed the data into an Excel spreadsheet, which was then imported into SPSS V.28 for analysis without distinguishing between occupational therapy and occupational therapy assistant student responses.

Ethical Considerations

Institutional Review Board (IRB) approval was obtained January 2021 from the university IRB Committee for the Protection of Human Subjects prior to the start of the intraprofessional education activity in February 2021. All students were required to complete the collaborative activity and were provided a packet including a blank sheet of paper (for their name and to be removed prior to final submission of post-test), the consent form, the pre-test survey, and the post-test survey. All students printed their names on the front, blank sheet of paper and turned in separate forms into separate envelopes following the posttest to ensure anonymity and the collection of de-identified data. No faculty were provided the results of identified scores, and all consent forms were kept in a sealed envelope in a locked cabinet until all final grades had been distributed.

Results

Out of the 106 students enrolled in the participating educational programs (55 occupational therapy students and 51 occupational therapy assistant students), 73 students (69%) completed both the pre and posttest surveys for the ICCAS. We observed a substantial effect size (1.541) across all students (combining occupational therapy and occupational therapy assistant) in their overall collaborative competency, with mean scores increasing from 3.04 to 4.29 out of a possible 5 ($p<0.001$).

Further analysis was conducted by breaking down the constructs, each of which demonstrated a large effect size or approached one. Specifically, in Communication (Comm), mean scores rose from 3.14 to 4.25 (large effect); Collaboration (Collab) increased from 3.12 to 4.28 (large effect); Roles and Responsibilities (R&R) improved from 3.23 to 4.32 (medium effect); Patient-Centered Care (PCC) saw a rise from 2.99 to 4.05 (large effect); Conflict Management (CM) increased from 3.44 to 4.38 (large effect); and Team Functioning (TF) improved from 2.90 to 4.36. The difference in the pre and posttest means revealed statistically significant changes at the $p<0.001$. These findings suggest a significant enhancement in students' perceived intraprofessional collaborative competency following the case-based, remote collaborative assignment. For detailed results, refer to Table 2.

Table 2

Change in Intraprofessional Collaborative Competency

Construct	df	Cohen's *d*	Difference	*p*-value	t-value	Pre mean	Pre Std Dev	Post mean	Post Std Dev
Overall Score	72	1.541	Large	<0.001	-13.16	3.04	0.70	4.29	0.50
Comm	71	1.769	Large	<0.001	-15.01	3.14	0.64	4.25	0.47
Collab	69	1.404	Large	<0.001	-11.74	3.12	0.89	4.28	0.57
R&R	69	.733	Medium	<0.001	-12.73	3.23	0.72	4.32	0.56
PCC	72	.840	Large	<0.001	-12.55	2.99	0.84	4.05	0.63
CM	72	.770	Medium	<0.001	-10.49	3.44	0.83	4.38	0.60
TF	72	1.149	Large	<0.001	-12.69	2.90	0.94	4.36	0.69

Note. Scores reported are combined OT and OTA student scores

Discussion

This quantitative study explored the use of a collaborative project between occupational therapy and occupational therapy assistant students to assess the students' perceived competency utilizing a remote video case study approach. While the results of Dennehy's (2017, 2022) work showed an in-person modality was preferred over virtual, our study showed that using a virtual modality can be effective and can conquer identified barriers including logistics, costs, and time commitments that impact the feasibility of collaborative projects. Our remote case study approach reduced these

barriers; there were no costs and logistical barriers were few. For example, students did not need to meet in person at any given time or place. Partners were able to work peer-to-peer to schedule a time that was convenient for them, rather than schedule several cohorts at one specific time. In addition, the time commitment for remote meetings was much less as there was no travel time to factor in when scheduling. Students who participated in the project did not need to be local to each other, which widened the reach of the participants.

Analysis of the ICCAS identified significant changes in all construct areas indicating a successful outcome. The Roles and Responsibilities construct demonstrated a slightly weaker improvement than the others; however, the students were only required to discuss their corresponding professional, clinical roles during their initial communication. Perhaps if more attention and guidance were given to the students regarding this initial communication (e.g. a talking points guide) this construct would have shown more improvement. More guidance and time spent at this beginning stage of the activity could have ensured all students had a solid understanding of the similarities and differences between the occupational therapy and occupational therapy assistant roles. All other construct areas were greatly reinforced throughout each of the remaining phases of the project during the peer remote discussion and required peer feedback regarding their assigned case study.

The Communication construct demonstrated the largest increase in mean scores, followed closely by the Collaboration construct. These increases in perceived competence may be due to the project's nature requiring at least three additional discussions encompassing both written and verbal communication through video conferencing. During these three discussions, students worked to collaborate and determine appropriate goals and treatment interventions based on the video case study. The discussions required in this project are remarkably similar to the expectations in the clinic in which the occupational therapy and occupational therapy assistant will frequently discuss progress towards goals and the determination of the best fit, evidence-based treatment approaches for their clients. This finding is similar to findings by both Janssen et al. (2017) and Dennehy (2022) in which they found that interaction by meeting in person and discussing cases appeared to be a key factor in the learning process during intraprofessional collaboration activities.

Students in the current project were required to complete each phase of the project independently of the instructors, beginning with introductions to the final sign-off of the evaluation and treatment intervention plan. This was because the activity was specifically designed to facilitate peer-to-peer feedback during the evaluation and treatment planning phases of the project to encourage an authentic clinical atmosphere, team functioning, and collaboration. If the instructors inserted themselves too much into the activity, it could have taken away from the natural flow of communication and decreased students' confidence for future interactions. Too much instructor oversight could have decreased the sharing of diverse student perspectives which Dennehy (2017) found critical to intraprofessional collaboration.

Five of the six constructs (excluding Roles and Responsibilities) related to the 2018 ACOTE standards B.4.19 and B.5.8 and were assessed via the evaluation and intervention planning portions of the project. ACOTE standard B.4.24 related specifically to the Roles and Responsibilities construct and was assessed by instructors utilizing a reflection essay assignment following the initial virtual meeting. Thus, this project proves to be an effective strategy to fulfill collaborative ACOTE standards which are challenging to replicate within the traditional classroom environment. When considering the results, it is clear this remote video case-based project provided a positive learning environment, contributed to increased collaborative and communication skills, and allowed students an opportunity to reflect on the perception of their intraprofessional collaboration competency. These results contribute to the current gap in literature involving remote-only activities. The results of this study support the infusion of simple remote-only, video case-based activities into occupational therapy/ occupational therapy assistant program curricula to improve perceived student competence regarding intraprofessional collaboration.

Limitations and Future Research

While promising, this study lacks participant diversity and qualitative data to support Likert scores, impacting the investigation of intraprofessional collaboration. Also, it used a convenience sample without a control group and utilization of combined occupational therapy and occupational therapy assistant student scores limiting conclusions about occupational therapy and occupational therapy assistant student populations. Future studies should incorporate control groups, isolate occupational therapy and occupational therapy assistant student scores, expand geographical representation, and increase sample size. Remote, case-based learning could also be applied in other practice areas like pediatrics and mental health for broader understanding. Additionally, including qualitative and demographic data collection in future research would provide further insights into the phenomena of intraprofessional collaboration, specifically the supervisory roles between the occupational therapist and occupational therapy assistant.

Implications for Occupational Therapy Education

- Educators could explore the potential of incorporating remote (virtual communication) collaboration projects among occupational therapy and occupational therapy assistant students to elevate their intraprofessional collaboration abilities.
- Educators could consider utilization of video vs paper case studies to enhance clinical reasoning skills.
- Educators could consider utilization of a modified ICCAS before and after intraprofessional collaboration projects to boost students' recognition of their perceived capacity for collaborating with their professional peers.

Conclusion

This research supports the use of video case-based, remote intraprofessional collaborative learning opportunities in occupational therapy education, with attention to written and face-to-face communication between occupational therapy and occupational therapy assistant students. Although many educators may provide education regarding the collaborative process and case-based learning in the classroom, utilizing an actual intraprofessional collaboration assignment with partner schools may strengthen the learning outcomes. This collaborative project can be infused across the curriculum to strengthen not only intracollaborative competency but may also strengthen interprofessional competency necessary for level II fieldwork experiences. Students may be able to generalize the collaborative approaches and communication skills learned in this project when working with other medical professionals, such as nurses, physicians, physical therapists, and speech therapists. Building on the strengths of this project, educators may support increased levels of student competence as they prepare for Level II fieldwork and clinical practice.

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