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INTRAPROFESSIONAL COLLABORATION:
INNOVATIONS IN OCCUPATIONAL THERAPY ACADEMIA

A Dissertation in
Adult Education

by
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ABSTRACT

The purpose of this qualitative action research (AR) study was to develop an innovative college elective with occupational therapy and assistant students (OT/OTA) from different universities which examined skill development related to effective supervisory, collaborative and intraprofessional relationships. A theoretical lens of situated learning, focusing on social means of information assimilation and a learner-centered approach, framed the study and informed the direction and formatting of the elective. The study provided opportunities for student collaborators, both OT and OTAs, to participate, direct and make decisions surrounding class experiences, structure and outcome measures. The 15-week semester/term cycled repeatedly through planning, acting, observing and reflecting for the express purpose of collaborator problem solving within the realm of OT academia related to OT/OTA intraprofessional integration.

Findings of the study afforded understanding into the realm of therapy and assistant academic preparation. First, collaborators were able to recognize the ways in which their learning had transpired previous to the study, including teacher-centered formats of lecture, labs and testing for assessment. This was contrasted to the learner-centered approach of shared decision-making, exploring content in ways that were identified as meaningful by the students, and as collaborative, reflective and social in nature. The adult learners went on to identify attributes of effective intraprofessional collaboration to include effective communication, active listening, trust, respect, and empathy. Self-awareness and an understanding of one’s counterpart were pivotal to the successful intraprofessional partnership. When learning the skills of working together, learners discussed the importance of face-to-face-interactions and the importance of time to develop connections. Logistical, financial and institutional limitations created challenges for this undertaking, however the endeavor yielded not only informative insights, but also implications for practice and for future research.
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CHAPTER ONE

INTRODUCTION

Professionals educated within the same discipline and endeavoring toward a common goal are involved in an intraprofessional relationship. Such is the case in occupational therapy (OT) where therapists and therapy assistants regularly collaborate in the provision of rehabilitative care for their treatment populations. The purpose of this chapter is to provide the rationale and general overview of an action research study that proposes to examine the learning which occurred related to intraprofessional collaborations in OT when pairing therapy assistant and therapist students from four different universities. This research explored a much-overlooked area for skill building, academia, where rudiments in communication, conflict resolution, teamwork and professionalism are pivotal to adroit therapeutic provision. Viewed through a situated learning lens and guided by a collaborative teaching-learning approach, an elective course, pairing graduate therapy and undergraduate therapy assistant students, was undertaken. This chapter will provide background to the investigation inclusive of the purpose statement and research questions, a description of the theoretical and conceptual underpinnings, and a brief discussion of the action research method enacted. The study’s significance, limitations and overall assumptions will also be extrapolated.

Background of the Problem

Occupational therapy is a holistic health care field, focusing on the performance of daily activities in a variety of contexts to support health, wellness and quality of life (AOTA, 2009). Professional leveling has existed in OT since the therapy assistant joined the therapist in the late 1950s. These practitioners have distinctively different roles in the rehabilitation process and form intraprofessional relationships, involving symbiotic interplay of communication, interaction
and negotiation of responsibilities and daily tasks as mandated by professional, state and federal regulatory agencies. In addition to supervisory responsibilities distinctive of this relationship, both the therapist and assistant are collegial adult learners and educators as they share their expertise with one another, are involved in daily client and family education and participate in required continuing education endeavors to maintain their licensure. Some therapists and assistants go on to present at local, state and national conferences, and teach adult learners at the college level.

Collaboration is requisite in navigating these important professional relationships that directly affect client outcomes. Effective collaboration is mission-centric, creating capacity and synergy for those involved which would otherwise not exist in isolation, reap benefits for the collaborators and ultimately add value to the treatment populations served (Bellak, 2013). An understanding of the distinction between assistant and therapist in occupational therapy, the mandates for intraprofessional dynamics and the role which collaboration plays in these relationships are imperative in painting the backdrop for the action research study.

**Roles of Therapy Practitioners and The Link to Adult Education**

The first three-month long course for occupational therapy assistants emerged in 1958, ringing in the birth of the certified assistant (Schwagmeyer, 1969). The inception of this new classification of practitioner was in response to a growing demand for occupational therapy support in the psychiatric sector. Interestingly, well known adult educator, Dr. Malcolm S. Knowles, professor of education and general consultant in adult education at Boston University, served as advisor to the new curriculum for assistants (Crampton, 1967). Several adult education tenets inspired and drove this program development which stressed the importance of
collaborative inquiry with the students taking ownership for their learning, shared responsibilities for assessment and evaluation, and group process analysis procedures.

Another direct link between adult education and occupational therapy lies in OT’s historical roots in American pragmatism and existentialism, the forerunners of progressive and humanist traditions. Adolf Meyer wrote the philosophy of Occupational Therapy in the midst of progressivist John Dewey’s work in adult education at the turn of the twentieth century (Ikiugu & Schultz, 2006). Meyer and Dewey were acquainted via their mutual connections to the University of Chicago and the Hull House, which was home to poor immigrants, and provided a sound starting point for the use of occupation, or purposeful activity with those who were attempting to assimilate into the American culture (Breines, 1986).

With the inception of occupational therapy as a profession came the therapist, who was sole practitioner in the field until the assistant was conceptualized. Therapists currently must matriculate through a masters entry-level accredited program, complete the necessary fieldwork requirements and successfully pass a professional examination in order to practice in the field (AOTA, 2015).

The notion of the assistant from the outset was a technical level therapy provider who would “…complement and assist the professional therapist” (Cromwell, 1968). Several options were developing above and beyond the initial three month programs at the assistant level and included hospital-based training of 20-25 weeks in length, one year academic programs in vocational settings or associate degree programs within junior college environments (Schwagmeyer, 1969). By 1970, 15 one-year certificate programs and 7 associate degree programs were in existence (Brookes, 1982). Currently 209 accredited programs of study for the assistant exist throughout the United States, most of which offer an associate degree (AOTA, 2014). Additionally, these programs require successful completion of fieldwork placements and
passing of the nationally recognized entry-level examination for assistants (AOTA, 2015). This proliferation of programming demonstrates the viability of the assistant’s role in the intraprofessional realm of occupational therapy and has produced skilled practitioners who enter the field with a basic understanding of theory and a wide rehabilitative skill set. This complements the therapist who emerges from graduate study with an extensive theoretical background, research capabilities and a basic set of skills surrounding assessment, intervention and discharge planning.

OTAs must receive supervision, a form of adult education, from an OT to deliver occupational therapy services. In this sense the therapist oversees, discusses, plans and provides input to the assistant in the provision of therapy care. Unlike the therapist, who can function completely autonomously, the assistant must work in partnership with the therapist. The therapist is responsible for all aspects of service delivery and maintains legal responsibility for all OT provision, including the intervention by the assistants whom they supervise. “Within the scope of OT practice, supervision is a process aimed at ensuring the safe and effective delivery of OT services and fostering professional competence and development” (AOTA, 2009, p.173).

Supervision involves a supportive intraprofessional relationship where growth, development, innovation, creativity and effective service delivery is the aim. Supervision, which involves collaboration, is mandated educationally through accreditation, ethically in the professional standards of practice, and legally through licensure parameters.

**Mandates for Intraprofessional Collaboration**

Accreditation is a method by which schools, college and universities across the United States are held accountable to standards of excellence in education. Occupational therapy programs are subject to the professions’ own accrediting agency, The American Occupational
Therapy’s Accreditation Council for Occupational Therapy Education (ACOTE), which is recognized by the United States Department of Education and the Council for Higher Education Accreditation. ACOTE currently works with over 300 colleges and universities in the United States that provide therapy and assisting programs (ACOTE, 2012). This accrediting body sets standards in regard to intraprofessional collaboration, necessitating the discussion of supervisory and collaborative processes.

**Professional supervision and collaboration.** As part of the accrediting process, inclusive of a self study, initial review, onsite evaluation and accreditation action, ACOTE produces the *Standards and Interpretive Guide* which serves as the foundation for educational mandates for doctoral, masters and associate degree programs. Specific to masters and associate degree offerings, around which this study centers, word count analysis of the standards document was conducted to discover academic mandates for OT/OTA supervision and collaboration. This was explored for the purpose of isolating the supervisory and integrative content required in the academic preparation of all therapy students and to demonstrate the obligatory areas of focus related to intraprofessional collaboration. Focusing specifically on the terms “supervision” and “collaboration,” 10 separate standards, where the words appeared a total of 15 times, were isolated in support of the notion that accreditation parameters required that intraprofessional concepts be included within academic programming. In an age of accreditation, where academic programs are mandated by standards of practice, the idea of affording space in the curriculum to focus on growing skills necessary for effective professional collaboration seems like time and money well spent. The overall outcome of these academic efforts could ultimately have positive impacts on occupational therapy service delivery.
**Accreditation Standards from The Occupational Therapy Accreditation Association:** (specific to this course)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Master’s Degree</th>
<th>Associate Degree</th>
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<td><strong>Screening, Evaluation and Referral</strong></td>
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<tr>
<td>B.4.5</td>
<td>Compare and contrast the role of the OT and OTA in the screening and evaluation process along with the importance of and rational for supervision and collaborative work between the OT and OTA in that process.</td>
<td>Articulate the role of the OTA and OT in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the OT and OTA in that process.</td>
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**Intervention Plan: Formulation and Implementation**

| B.5.18 | Use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the OT and learner to identify appropriate educational methods. | |
| B.5.25 | Identify and demonstrate techniques in skills of supervision and collaboration with OTAs and other professional on therapeutic interventions. | Demonstrate skills of collaboration with OTs and other professionals on therapeutic interventions. |

**Leadership and Management**

| B.7.7 | Develop strategies for effective, competency-based legal and ethical supervision of OT and non-OT personnel. | Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel. |

**Scholarship**

| B.8.3 | Use professional literature to make evidence-based practice decisions in collaboration with the OT. | |

**Professional Ethics, Values and Responsibilities**

| B.9.8 | Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the OT/OTA. | Identify and explain the need for supervisory roles, responsibilities and collaborative professional relationships between the OT/OTA. |
In addition to the educational mandates for collaboration, is the ethical, professional requirement specifying that “occupational therapy assistants must receive supervision from an occupational therapist to deliver occupational therapy services” (AOTA, 2009, p. 173). With this said, virtually all of the standards for the associate level education ultimately involve supervisory interactions, as the assistant’s therapy provisions, which are based upon the content acquired within the academic program, are legally the responsibility of the therapist. Also significant are the vast numbers of standards which contain such words as “effectively interact,” “communicate,” “as directed by the OT” and “recommend to the OT.” This wording is suggestive of collaborative and supervisory interactions occurring between the OT and OTA.

Legally, collaboration is mandated through state licensure laws. Each of the 50 states in America has their own unique statues and regulations for OT practitioners. For the sake of illustration, Pennsylvania’s Act 149, Statute 3, defines the occupational therapy assistant as “a person licensed to assist in the practice of occupational therapy, under the supervision of an occupational therapist” (AOTA, 2012, p. 41). Chapter 42, Regulation 42.22, details the specifics, defining the supervising therapist, as well as specifying the characteristics that make up supervision within the context of practice. In Pennsylvania, supervisory contact must occur for at least 10% of direct client care and can be provided face-to-face, individually, over the phone, through written contact or in group formats. The law delineates the methods, scope and parameters of OT to OTA collaborative supervision with no exceptions. Important to mention is the need for therapists and assistants to know and understand the specifics of their own state licensure laws to promote best practices adhering to the prescribed legal requirements.

Both the supervisory document and licensure law clearly articulate that under no circumstance is the assistant to provide occupational therapy services without the supervision of
a registered therapist. These requirements are clearly defined, articulated and described specific to OT/OTA collaboration. Additionally, the *Occupational Therapy Code of Ethics and Ethics Standards* (2015), states that OT personnel “provide appropriate supervision to individuals for whom they have supervisory responsibility [OTAs] in accordance with AOTA official documents and relevant laws, regulations, policies, procedures, standards, and guidelines” (p.6).

The documents provide unequivocal evidence that supervisory relationships, which are intraprofessional in nature, are mandates, not suggestions. So what then does collaboration and intraprofessional integration really mean in the grand scheme of these edicts?

**Defining intraprofessional collaboration.** While professionals are mandated to work together for the greater good of the client, the skill of true collaboration requires practice, an understanding of how to negotiate relationships, resolve conflicts and mobilize toward a common goal. Collaboration, a socially constructed phenomenon, can be easily explained, but is often an illusory concept to achieve in practice. Generally speaking, collaboration is defined as working together for a common goal and requiring a complex constellation of values and abilities (Sullivan, 1998). Effective collaborators make a conscious decision to value others, to be caring and to be committed to the process of working together in a social system (Appley & Winder, 1977). Altrusim, not egoism, is the goal in intraprofessional relationships which are truly focused on collaboration. The notion of valuing, respecting and being empathetic toward others is important to perpetuate from the very beginning of the educational road to becoming a therapy practitioner. Perpetuating these ideals in the college classroom for transfer to the real world of fieldwork and ultimately professional practice is key in developing sound intraprofessional skills. The ability to collaborate effectively requires communication, respect, negotiation, conflict resolution, and professionalism, just to name a few. While programs of
higher education often make an expectation that students innately know how to collaborate, the required skills need to be learned and developed, and are seldom taught in college (Steinkogler, Leibl & Seemuller, 2012). How better to cultivate collaborative abilities which ultimately promote intraprofessional relationships between therapists and assistants, than to facilitate the learning through collaborative methodologies at the college level?

Intraprofessional relationships occur when professionals educated within the same discipline work toward a common goal together, such as OT/OTAs. Successful therapeutic relationships between OT/OTA teams are important because they promote rehabilitation that is focused, relevant and effective. Being an integral partner in such a collaboration involves open dialogue, teaching-learning reciprocity, and an understanding of roles. Additionally, some would suggest that intraprofessional effectiveness centers around meeting the needs of ministration (safety and support), mastery (understanding of one’s roles in relation to the environment and others) and maturation (risk taking and empowerment) (Blechert, Christiansen & Kari, 1987).

Environmental and contextual considerations are imperative when learning to be collaborative partners. In higher education, OT instruction is situated in classroom and lab simulations. In contrast, fieldwork or clinical education affords learning within treatment settings where students work together to achieve patient outcomes. These opportunities to learn about collaborative intraprofessional teaming, first within the safety of a classroom where students are free to experiment, question and make mistakes, and later in the practice realm, promote validation of their learning, afford relevance and increase comfort with new skills and competencies. Guided by a sound theoretical lens of situated learning, which focuses heavily on collaboration within contextual and environmental situations, both therapist and assistant
students can learn to work together to forge sound intraprofessional relationships prior to fieldwork and clinical practice. In this view, learning occurs in local, social and practical contexts where learn-by-doing is the means to skill acquisition. Learning is seen as a “social phenomenon constituted in the experienced, lived-in world…[where] skill is subsumed in processes of changing identity in and through membership in a community of practice” (Lave, 1991, p. 64). While it would stand to reason that learning about intraprofessional collaborations would begin in academia, a brief understanding of what is actually being done is warranted here. A comprehensive review of the literature will occur in chapter two.

**Literature on Intraprofessional Collaborations: Thematic Dispersion**

Currently, there is a lack of literature specifically examining how to foster strong relationships between OTAs and OTs, especially prior to fieldwork exposure. Empirical and conceptual literature avails information related to intraprofessional collaborations in the realms of professional practice, clinical education and academia. In professional practice, concepts of team building, supervisory skills, role delineations of OT/OTA and “effective” collaborative relationships have long been discussed. Ryan (1993) devotes an entire textbook to intraprofessional team building in OT practice, while Humbert (2016) states that the “OTA does use clinical reasoning within and supported by the collaborative relationship with the OT” in the most recent OTA textbook related to theory and practice (p. 192). Several articles address the idea of collaboration as a basis for competent supervision in OT, specific to preschool settings (Hanft & Banks, 1999), home health (Glantz & Richman, 1997), school-based practice, hand therapy and skilled nursing rehabilitation (Johnston, Ruppert & Peloquin, 2013). In these conceptual articles, collaboration is central to the success of treatment outcomes and facilitates support, encouragement, respect and productive feedback in fostering OT/OTA working
relationships. One of five empirical studies isolated surrounding professional practice was a qualitative study using a 16-item questionnaire, focusing on knowledge of OTA roles and supervision needs (Johnson, Lamere-Wallace & Gardner, 2000). Of 123 returned surveys completed by OTs in Maine, 9% of respondents were uncomfortable to very uncomfortable with supervisory readiness and 2% deferred answering the question. Additionally, half of the respondents learned about OT/OTA partnering from other practitioners, not via college preparation. Seemingly not enough time is being spent in academia equipping future OTs for supervisory capabilities.

Clinical or fieldwork education prepares future OT/OTAs for the rudiments, nuances and techniques of professional practice under the supervision of a skilled clinician and is mandatory for matriculation to graduation from accredited OT programs. The shortage of available fieldwork sites has been the impetus in creating alternatives to the 1:1 supervision models historically used in the profession. A collaborative model where two or more students work as a team to accomplish objectives has been supported through the conceptual literature (Costa, 2007; Dour, Grey & Michaelsen, 2007; Higgins, 1998; Joe, 1994; Rosenwax, Gribble & Margania, 2010). All share the view that collaboration not only meets placement demands, but also affords rich cooperative experiences which replicate authentic practice. Empirical studies within the fieldwork arena of OT and Physical Therapy (further discussed in chapter two) also unanimously show support for collaborative placements (Jung, Sainsbury, Grum, Wilkins & Tryssenarr, 2002; Jung, Salvstori & Martin, 2008; Matthews, Smith, Hussey & Plack, 2010; Jelly, Larocque & Patterson, 2010; Declute & Ladyshewsky, 1993). Would it not stand to reason that such methods of collaboration applied to academia, prior to clinical exposure, may foster successful transitions
to fieldwork and ultimately to practice where supervision and collaboration are part of the job
description?

Academia is the area of least availed literature, with zero empirical studies in
occupational therapy to support programs focusing on intraprofessional collaborations. A
paucity of work is offered from PT and nursing fields in the realm of academia. The nursing
studies did not address leveled relationships, as was the hope in initial searching, but instead
spoke to team-based learning models (Clark, Nyguen, Bray & Levine, 2008; Yang, Woomer &
Matthews, 2012; Feingold, Cobb, Givens, Arnold, Joslin & Keller, 2008). All studies supported
teaming as a method to enhance collaboration in learners. For example, one mixed methods
study out of Physical Therapy (PT) focused on collaborative learning between 34 physical
therapy (PT) and 21 physical therapy assistant (PTA) students to determine the efficacy of an
instructional model promoting intraprofessional pairings to foster preferred relationships (Plack,
Williams, Miller, Malik, Sniffen, McKenna & Gilner, 2006). Findings documented PT/PTA
students felt more prepared to work as a team following integrated role-playing and discussions.

Similar activities have been documented in the conceptual OT literature, where generally one-
day offerings included case-based collaborations, panel presentations and lectures surrounding
role delineations (Coleman & Riley, 1997; Costa, Molinsky & Sauerwald, 2012; Johnston,
Ruppert & Peloquin, 2013; York & Gitlow-Archer, 1994). Nowhere in the literature was a
semester-long course offered for therapy majors pertaining specifically to intraprofessional
collaborations. There is a lack of data-based research pertaining to academic innovations in OT
surrounding the development of intraprofessional collaborations.
Problem, Purpose and Research Questions

While seemingly overwhelming support has been documented surrounding the benefits of collaboration that ultimately build sound working intraprofessional relationships, little is documented about attempts at innovations in academia to develop the necessary skills which contribute to intraprofessional success. The problem, therefore, centers around the apparent lack of instruction time afforded in higher education necessary to build these sound intraprofessional collaborative skills. The nature of the leveled system for practitioners within OT and the mandates for collaboration and supervision due to leveling necessitates a proactive initiative, promoting collaborative learning in academia, prior to fieldwork and professional practice. “Certified occupational therapy assistants (COTAs) are taught and supervised by occupational therapists throughout their education, whereas it is quite possible for occupational therapy students to complete their entire education program and never be exposed to an assistant” (Baum 1982, p. 567). While this quote was taken from a source that is over thirty years old, the statement still holds true today. Apparently few attempts are being made to bring assistant and therapy students together during their academic years of study to learn collaboration via collaboration! The time for proactive efforts at integrating OT/OTA students has come with research needed to afford greater understanding to this important aspect of service delivery.

Purpose

In an effort to promote innovation in adult education and in light of the apparent gap in research being devoted to intraprofessional collaborations in OT academia, a college elective with OT/OTA students from different universities was created. The purpose of this action research study was to actively integrate these students in academia to examine skill development related to effective supervisory, collaborative intraprofessional relationships.
**Research Questions**

The specific research questions guiding this study of OT/OTA collaborators include:

1. How do OT/OTA students negotiate supervisory and intraprofessional relationships, and what are their perceptions of role delineation, teaming and successful collaboration?
2. How does the learner-centered/participatory design of an OT/OTA elective with students from different universities contribute to the promotion of intraprofessional collaboration?
3. What do the participants/adult learners identify as contributing factors to their ability to collaborate and develop sound intraprofessional relationships?
4. What is learned from this action research study that will inform ways to promote effective communities of practice for OT/OTAs?

**Theoretical Frameworks**

The theoretical lens directing this study is situated learning, specifically within the context of academia and related environmental factors which make up the learners’ community of practice. As the research focuses upon the inception and execution of a course pairing graduate occupational therapy students and undergraduate assistant students, a collaborative learning conceptual model is also utilized to integrate the application of working together toward a common goal in the process of developing effective collaborative skills. Both frames of reference were carefully selected for their cohesive fit in the contextual realm of higher education, for their aim of social facility and for their focus on dynamically integrating the learner in the research and learning processes. A discussion of the basic underpinnings of the theoretical lens and conceptual model is warranted to define the relations of the students to the phenomenon of effective intraprofessional collaboration and to ground the study within a given knowledge base and vernacular related to the guiding constructs.
**Situated Learning Theory.** Theory is a collective of ideas that guide practice and are generalized beyond individual experience and are predictive in nature (Brookfield, 2010). Theory assigns action to purpose. If the intent is learning, a sound theoretical construct helps to focus, name and execute a meaningful approach and outcome. Personal values of the educator/researcher play a pivotal role in isolating guiding postulates. Situated learning emphasizes assimilation as socially constructed, using activities and tools of the trade to serve the greater good within academic and treatment contexts. The notion of collaborating as part of an intraprofessional team is a social phenomena; one cannot collaborate in isolation, whether face to face, on-line or via written communications. A minimum of two people are involved in the exchange! How better to learn about cooperative relationships than by engaging with others of like-minded persuasion in their ecological doings, what situated learning would term a community of practice (Lemke, 1997)?

Psychologists Brown, Collins and Duguid have suggested that learning be context specific and relevant regarding purpose, echoing back to the educational ethos of Dewey’s experiential learning (Young, 1993). In this way of thinking, situated learning deals with the active process of engaging with others through socially and culturally authentic experiences, from whence meaning is created. The driving tenets of communities of practice (CoP) define the participants or learners as engaged within the context of their specific environments, be they academic, fieldwork or community service-based, and the way they become more fully functioning and integrated into these spaces with skill development and proficiency. The notion of CoP is credited to the work of Lave (1988, 1991) and Wenger (1991, 1998). Learning is seen as a “social phenomenon constituted in the experienced, lived-in world…[where] skill is subsumed in processes of changing identity in and through membership in a community of
practitioners” (Lave, 1991, p. 64). Under the assumptions of situated learning (SL), a learning curriculum is representative of a community where stakeholders may have different interests and perspectives, but are working toward a common educational end. Case in point, the academic constituent of OTA/OT students, who engage in tasks and projects collaboratively within their college environments and in the local community, serve as the CoP. This community relies on the social and historical practices on which to build learning.

Upon entry, learners are said to be legitimate peripheral participants in the community, endeavoring through dynamic interaction and learning, to move toward fuller inclusion as full participants (O’Donnell & Tobbell, 2007). Peripheral participation supports learners working toward competency in their given areas of interest, mobilizing within a social and cultural world. The agent, or learner, and the context have a symbiotic relationship in the quest for knowledge (Young, 1993). As the adult learner navigates and mobilizes within the community, perspectives change, identities develop, and skills increase, leading toward greater inclusion and assimilation in the CoP. Whereas communities of practice speak to a unit of learners, intraprofessional collaboration has a significant relational component in the interchange between therapist and assistant. This exchange is affected by the nature of the leveled professional system of therapist and assistant, and thereby creates an innate power issue. Additionally, another assumed limitation might be the historical lack of integrating these two student groups to create a community of practice due to logistical challenges, lack of interest or resistance to such an innovation. So what then is the method or conceptual model which further supports this process and addresses the relational characteristics of the community directly?
**Collaborative Learning Model.** Equipped with an overarching umbrella of situated learning through which to view the research, educational methods that cohesively align with the socially driven, collaboratively engaged vision warrant comprehensive examination. Generally speaking, collaboration is defined as working together for a common goal and moves away from the notions of competition or individuated work, where conscious decisions to value others, to be caring and committed to the process of working together in a social system are pivotal (Appley & Winder, 1977). Key elements to successful collaboration include communication, trust, shared goals, and knowledge of expectations/roles (Steinkogler et al, 2012). Interestingly, these aspects integrate beautifully with Dillon’s study of 22 pairs of OT/OTAs which found that communication, mutual respect and professionalism are paramount to intraprofessional collaboration (2001). Hence, what practices of collaborative learning promote development of these skills?

In support of communication, the importance of dialogue, where everyone is encouraged to participate equally, is stressed (Armstrong & Hyslop-Margison, 2006). This use of open communication is a forum where ideas can be exchanged, where varying viewpoints can be appreciated and where the learners are able to engage with the material as it relates to their own lived experience. The notion of equal participation attempts to deconstruct power positions, affording everyone in the group a voice and supporting the values upheld in adult education. Learning is viewed as an active process, context dependent, promoting multiple student perspectives, inherently social and having an affective, motivational domain (Smith & MacGregor, 1992). The shift in educational practice, then, is for learners to see themselves as creators of their own knowledge and meaning-making, instead of passive recipients of some
implied truth spewed by all-knowing instructors. These epistemological beliefs surrounding learning correlate directly to the guiding principles of situated learning.

Active engagement, negotiating the social dynamics of relationships, providing safe spaces for learning so that trust and mutual respect can flourish and learning by doing with others are pivotal to the concepts of collaborative learning. The social constructivist nature of learning with others has been supported in both the situated and collaborative learning literature (During & Artino, 2011; Ding & Flynn, 2000). Both SL and the complement of the collaborative learning conceptual model bode well with the ethos of learning as active, contextual, and meaningful. Of particular importance in the selection of these guiding doctrines is not only their ability to coalesce with one another, but the potential of fusion within occupational therapy education as well. Secondary to the “doing” nature of SL and collaborative learning, as well as the locus of the learner as accountable to self and others, both are copasetic choices for a well-planned, research-supported dissertation effort in curricular development and execution.

Significance of the Study

As previously stated there is a paucity of conceptual and zero empirical literature availed on the topic of integration of OT/OTA students in academia for the purpose of learning intraprofessional collaboration. This notable lack of exploration in the area of occupational therapy higher education supports the significance of this research study in personal, professional and educational realms.

Personal Significance

As a therapy assistant (OTA) who became a therapist (OT) and college lecturer, I have experienced first-hand the multifaceted dimensions of intraprofessional collaboration in my capacities as a student, practitioner, clinical educator and college professor. I have long
advocated for the rights, roles and intraprofessional dynamics of assistants and therapists in clinical practice, as well as in higher education preparing both assistant and therapy students to enter the field as dynamic, confident practitioners. My distinct perspective in the various leveled roles within the field is passionately driven and manifests curiosity surrounding the topic of teamed relationships. How are current OT college programs adequately preparing future therapists to supervise and collaborate with their fellow assistants? How can occupational therapy pioneer proactive academic initiatives to promote the ideals of effective OTA/OT partnerships, hallmarks of which include trust and respect, open dialogue and accountability (Campbell, 1998)? In response to these questions and to the purposed research questions, I have a personal stake and feel responsibility as a researcher to find these answers. Having the unique privilege of experiencing OT over the past thirty years, I am able to appreciate intraprofessional collaboration from each distinctive angle. This will serve to strengthen the research in my ability to understand the complex dynamics of therapy and student roles, to be on even footing with the participants, and to interpret the data from all perspectives. As an adult educator, I am committed to creating educational formats which are innovative, are empowering for students as active decision-makers in the course and, in turn, the research, and are influential in the ability to impact the profession at large.

**Professional Significance**

Just as colleges have strategic plans for mapping future directions in the pursuit of excellence, so do professions. In October of 2003, the Board of Directors of the American Occupational Therapy Association (AOTA) endorsed their direction for occupational therapy in an action plan which extends through 2017 entitled the *Centennial Vision* (AOTA, 2007). Assessing global contexts as they relate to healthcare, science and technology trends, as well as
predicting population demographics, 10 identified catalysts for change relevant to the future viability of the profession were identified. Most significant, as related to my proposed research surrounding intraprofessional relationships, is the number one of eight elements identified as key to the success of the proposed *Centennial Vision*, “expanded collaboration for success” which speaks to intraprofessional relationships and team effectiveness (AOTA, 2007, p. 614). Of the six barriers isolated, the fourth item stated the concern over inconsistent competencies for education and practice. These two ideas mesh beautifully with my own support of collaborative efforts and my concerns surrounding whether our college graduates are indeed equipped with the skills they need to bridge the gap to clinical practice, supervision and professional collaboration.

Provision of abbreviated programs within the OT world has been extrapolated in the conceptual literature. Scheerer (2001) suggested the use of a developmental Partnering Model in academia where OTA/OT student teams from two universities in Ohio were brought together for intraprofessional interaction, teamwork and collaboration through a series of several educational activities. Topics covered in this three-tiered program included role delineations, collaborative case study and intervention planning, and developing professional and supervisory relationships. The author speculated that by “practicing interaction, teamwork and collaboration as students…lifetime habits[s] of partnering as practitioners” should transpire (p. 204). Therefore, engaging in tasks necessary for effective professional dynamics in college would ultimately provide strong foundational skills for fluid transitions to practice. The future would seem brighter with more well-equipped OTAs/OTs entering practice ready to collaborate. While these abbreviated offerings support the notion that integration of assistant and therapy students together has positive outcomes, nowhere is anyone pairing them for an entire semester of
collaborative learning. Research in this area is further supported in its unexplored nature where findings will serve to inform professional and educational advancement.

**Educational Significance**

Paulo Freire, a pioneering adult educator, has been quoted as saying “teaching and learning are only moments in a greater process which is knowing” (Freire cited in Boucouvalas & Lawrence, 2010, p. 36). It is in this spirit that the proposed research study was conceptualized, developed and experienced. The ability to integrate with adult learners/participants in an academic environment to co-construct both an elective course and the evolutionary process of an action research study is significant on two counts. First, the teaching-learning reciprocity involved in knowledge acquisition is designed with the tenets of adult education in mind, equalizing power structures so that everyone involved has a stake in the practice issue of intraprofessional relationships. Second, while integrating learner input, experience, ideas, assessment techniques and intervention strategies to meet the challenges of collaboration, a thorough understanding of the skills required to truly effectively work together toward a common goal were observed, described and understood through the perceptions of the participants. Findings foster support for sound adult education principles in practice and lead to greater insights not only for the field of adult education, but also for occupational therapy. By conducting this research, I have endeavor to bring innovation to OT academia, contributing to a broader understanding of effective intraprofessional collaborations between therapy and assistant students from four different colleges, one graduate OT program and three OTA schools.
Assumptions, Limitations and Strengths of the Study

Research studies harbor specific assumptions, limitations and strengths as a given part of the process. Each are extrapolated here to afford a starting point to better understand the conceptualization and considerations of the topic.

Assumptions

The following assumptions are innate to this proposed research study:

1. Therapists and assistants are mandated to collaborate in professional practice; this skill-set is often assumed as automatically inherent in humans, when indeed it is not.
2. The students in this purposive sample volunteered willingly and for the purpose of furthering their understanding of intraprofessional relationships in occupational therapy.
3. Knowledge is socially constructed, in collaboration with others; hence it would stand to reason that collaborative skills will develop in the practice, integration and experience with others.

Limitations

Every research study consists of limitations that need to be discussed at the outset. While the word limitation may infer a negative connotation, there are often typical challenges which are appreciated, predictive, and warrant mention in a comprehensive, well-planned study.

Limitations to this research included:

1. While a qualitative action research study with a deliberate smaller purposive sample is not intended for generalizability, the hope would be for the findings to be transferable to similar academic situations and contexts.
2. While my experience in occupational therapy has been multifaceted, natural bias stemming
from an extreme passion for the subject matter, will be countered with the necessary techniques of member checking, researcher and blind coder, triangulation, multiple sourcing, peer debriefing and external auditing (Lichtman, 2013; Yilmaz, 2013) to increase trustworthiness and credibility.

3. Geographical and logistical concerns and challenges of integrating learners from several university systems may affect the overall experience for those involved.

4. Depending upon the age (participant pool is college students who may potentially be as young as 19 years) and experiences of the participants, the notion of collaboration may be more or less familiar.

5. A natural power disparity exists between the supervising therapist and the supervised therapy assistant. While this is legally nonnegotiable, the relational characteristic does enter into the intraprofessional ability to collaborate. Also potential stigma associated with the leveled professional structure, can cause negative or preconceived assumptions which affect relationship building.

**Strengths**

The strengths of a study help to bolster the significance, relevance and meaningfulness of the project. This research contains several strengths which I articulate here:

1. Situated learning and collaborative learning model as a theoretical frameworks serve as the lens through which the study will be guided and both focus on collaboration.

2. Action research, chosen specifically for its strength in finding solutions or innovations in practice, is a highly interactive and collaborative process.

3. This research endeavors to make a difference in the lives of the participants, future client populations they will serve, and to the fields of OT and adult education.
4. This research has striven to make a positive impact on the community of practice.

5. Findings will contribute to the body of knowledge for OT and adult education.

6. The research and learning processes attempted to empower adult learners to create their own knowledge.

**Definition of Terms**

The following definitions are frequently used terms utilized throughout the dissertation. In summary, the field of occupational therapy has a leveled system of practitioners who provide rehabilitative services to patient populations: the assistant and the therapist. The assistant works under the direction of the therapist who assumes legal and supervisory responsibility for the actions of the assistant. Supervision requires an interactive relationship between the therapist and assistant where effective collaboration is key to the functioning of the treatment team and ultimately to successful patient outcomes.

1. **Occupational Therapy (OT):**
   
   Occupational Therapy is a field within the realm of health care which “…addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life” (AOTA, Scope of Practice, 2009, p. 354).

2. **Occupational Therapy Assistant (OTA or COTA):**
   
   An occupational therapy assistant is a health care professional who has earned an associate degree from an accredited institution offering an occupational therapy assisting program, has successfully passed the national certification examination and all fieldwork responsibilities, and functions in compliance with state licensure laws and regulatory requirements. Assistants deliver therapy services under the supervision of a registered occupational therapist (AOTA, 2009).
3. **Occupational Therapist** (OT or OTR):
   An occupational therapist is a health care professional who has earned a masters degree from an accredited institution offering an occupational therapy program, has successfully passed the national certification examination and all fieldwork responsibilities, and functions in compliance with state licensure laws and regulatory requirements. Therapists are able to practice autonomously and are responsible for all aspects of service delivery, as well as supervision of therapy assistants with whom they work (AOTA, 2009).

4. **Occupational Therapy Practitioner:**
   An OT or OTA who provides skilled therapy services to client populations.

5. **Intraprofessional Relationships:**
   Intraprofessional relationships involve working interactions and collaborations between practitioners within the same field of expertise; occupational therapy assistants and occupational therapists share intraprofessional responsibilities to ensure successful working relationships.

6. **Supervision:**
   Supervision is “viewed as a cooperative process in which two or more people participate in a joint effort to establish, maintain, and or elevate a level of competence and performance…aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development” (AOTA, 2009).

7. **Collaboration:**
   Collaboration involves working together for a common goal (Sullivan, 1998). Therapists and assistants collaborate within the parameters of the supervisory and working intraprofessional relationships.

8. **Situated Learning (SL):**
Situated learning is a theoretical model whereby learning is considered to be socially constructed in relevant environments and contexts and where skills are integrated as part of one’s identity in and through a community of practitioners (Lave, 1991).

9. **Communities of Practice (CoP):**
A community of practice involves relations among people, activity and the world with a purpose of gaining knowledge and meaning for said community (Lave & Wenger, 1991).

10. **Tools:**
Tools are the specific activities or implements which are socioculturally appropriate, such as language or material artifacts, which are used productively within context (Kirshner & Whitson, 1997).

11. **Collaborative Learning Model:**
Collaborative learning models are methods of educational design which incorporate learners working together for a common goal, where conscious decisions to value others, to be caring and committed to the process of working together in a social system is key (Appley & Winder, 1977).

12. **Qualitative Research:**
Qualitative research is an “inductive interpretive and naturalistic…study of people, cases, phenomena, social situations and processes in their natural settings in order to reveal, in descriptive terms, the meanings that people attach to their experiences” (Yilmaz, 2013).

13. **Action Research:**
Action research is a form of qualitative inquiry that focuses on personal and professional growth of those involved, challenges the status quo, utilizes collaborative methods throughout the spiral of action toward solutions to a problem or an issue in practice (Herr & Anderson, 2005).
CHAPTER TWO

REVIEW OF THE LITERATURE

Occupational therapists (OTR) and certified occupational therapy assistants (COTA) are health care professionals who work together for the purpose of quality therapeutic provision, and for the promotion of effective functional client outcomes. As these practitioners are mandated educationally, legally and ethically to collaborate within the context of their intraprofessional working relationships, several questions arise as to where and if the necessary skills for successfully working together are being learned. While seemingly overwhelming support has been documented surrounding the benefits of collaboration that ultimately build sound professional relationships, little has been researched pertaining to innovations in academia aimed at developing the necessary skills to foster sound working teams. The nature of the leveled system in occupational therapy and the mandates for collaboration and supervision necessitate a proactive initiative, promoting skill development in communication, role delineations, team building, conflict resolution in academia, prior to fieldwork and clinical practice. Seemingly efforts to bring assistant and therapy students together during their college preparation to learn how to collaborate via collaboration is seldom being done or at the least not being documented.

The purpose of this action research study was to develop an innovative college elective with occupational therapy (OT) and assistant (OTA) students from different universities which examined skill development related to effective supervisory, collaborative and intraprofessional relationships. The research questions included: (1) How do OT/OTA students negotiate supervisory and intraprofessional relationships, and what are their perceptions of role delineation, teaming and successful collaboration? (2) How does the learner-centered/participatory design of an OT/OTA elective with students from different universities contribute
to the promotion of intraprofessional collaboration? (3) What do the participants/adult learners identify as contributing factors to their ability to collaborate and develop sound intraprofessional relationships? (4) What is learned from this action research study that will inform ways to promote effective communities of practice for OT/OTAs? In summary, the dissertation will set out to establish how and if OT/OTA students are better equipped to collaborate professionally following immersion in an action research study which promoted collaboration throughout its learner-centered experience.

Little has been written about how the skills of collaboration are assimilated in occupational therapy, how and if they are being specifically taught in occupational therapy academia, why therapy and assistant students are seldom integrated to learn about roles and supervisory relationships or how academic environments are uniquely equipped to address the mandated skills of working together toward a common goal. This comprehensive literature review will unearth the girding concepts and principles that contextualize this research. Three major areas of exploration are needed to frame the study, to support the need for examination specific to occupational therapy academia, and to demonstrate a need for the work. In section one, I will discuss situativity theory, specifically situated learning, as the lens through which the research was guided. Next, I will define the concept of collaboration, in general terms and then in relation to health care, occupational therapy and educational realms. I will extrapolate the current conceptual and empirical literature availed in the health care field relating to intraprofessional collaborations via a comprehensive review, demonstrating the gap in literature surrounding academic instruction of supervisory, teamed and reciprocal relationships with therapy and assistant students. Finally, I will offer a critical summation of the major points in the
literature to demonstrate relevance, necessity, and application of this study to the fields of occupational therapy academia and adult education.

**Theoretical Lens: Situated Learning**

My doctoral research focused on the development and execution of a college elective course exploring intraprofessional collaboration, pairing graduate therapy students (fifth year) with matriculating assistant students (second term or higher) from different universities/colleges. Pivotal to the success of any adult educational experience is a driving, defining theory that supports learning with specific intent and direction, based ultimately on the ethos of the instructor. In this portion of the literature review, I examine the need for a guiding postulate, to discuss situativity theory broadly, differentiate situated learning (SL) and cognition theories and practices, specify how the tenets of situated learning inform instructional design elements via collaborative learning methods to promote effective intraprofessional relationships from the perspective of the learner and the educator, and isolate concerns in the use of SL as a lens to direct curricular implementation.

**Theory: Defining the Fit**

Theory is a collective of ideas that guide practice, are generalized beyond individual experience and are predictive in nature (Brookfield, 2010). In an effort to make sense of the world and to approach education, theory is the veritable lighthouse on a foggy night, guiding the ship safely to shore. Theory assigns action to purpose. If the intent is learning, a sound theoretical construct helps to focus, name and execute a meaningful approach and outcome. Personal values play a pivotal role in isolating guiding postulates, as these are firmly seated in who I am and what I feel is most important in defining educational practice. Of the countless theoretical options availed in the world of adult education, situativity theory correlates directly
with my own views of knowledge as socially constructed, using activities and tools of the trade to serve the greater good within treatment and working contexts. The notion of collaborating as part of an intraprofessional team is a social construct; one cannot collaborate in isolation, whether face to face, on-line or via written communications, a minimum of two people are involved in the exchange! How better to learn about cooperative relationships than by engaging with others of like-minded persuasion in their ecological doings, what SL, one of the four situativity constructs, would term a community of practice (CoP) (Lemke, 1997). Additionally, the concepts of authenticity and relevance as related to learning environments, contexts and tasks speak to my personal acumen. A theoretical lens, such as SL, is essential in any research endeavor as a defined perspective for articulating, defining, executing and interpreting that which acquiesces. As my research focused specifically on the development of an academic course to promote collaborative intraprofessional relationships between therapy and assistant students, I felt the most appropriate choice of a lens was one that pertained directly to the task of “learning as doing”: Situativity Theory of the Situated Learning Type. In order to comprehensively understand my defense of this lens, an overview of the four types of situated constructs is needed. What then are the driving postulates of situativity theory, the umbrella under which situated learning resides?

**Situativity Paradigms**

Historically speaking, situativity paradigms have roots in the social constructivist theory of Vygotsky, the social cognitive theory of Bandura and the educational theory of Dewey (During & Artino, 2011). Constructivists view knowledge as internal processes operating only when interactions with the environment and peers occur (Vygotsky, 1978). Context, setting and all individuals involved in learning are interwoven, as threads integrate to form a piece of cloth.
Each component is a key piece of the overall assimilation process. Students gain greater understanding of concepts when information is shared, questioned, and manipulated by all within their specific surroundings, conditions and contexts.

Building on the notion of sagacity, social cognitive theory examines how personal agency, or intentional doing, functions within a network of sociostructural influences where “people are producers as well as products of social systems” (Bandura, 2001, p. 1). A dynamic interplay of individuals acting in, on and through social contacts manifests learning. Academia is one example of a teaching/learning community where learners are integrated and participating members of the culture who dialogue, entertain queries, write, collaborate as part and product of the system. There exists not only an intellectual commitment in college communities, but also emotional, spiritual, and relational aspects which frame the overall learning experience. Each individual’s personal experiences previous to and during the learning event also shape and direct the course of assimilation for the entire group. Every antecedent composes the sociocultural arena and contributes to the richness of the teaching/learning process.

Dewey further supports the integral role of social and physical environments in affording opportunities for activity in context, whereby promoting a comprehensive understanding of phenomena reached via experience (1926). Active hands-on integration with and manipulation of the content with others is a most effective way for dynamic learning to transpire. In the world of occupational therapy academia, active learning, fieldwork or apprenticeship experiences, mentorship and real-world learning are foregrounded in accredited educational programming. It is seemingly at the intersection of social interaction, doing and context, then, where situated theories meet. Situativity theory seems to be the umbrella under which several theoretical
constructs reside. Distinguishing characteristics of each construct are necessary to discuss, in defense of situated learning as most appropriate theory, to frame this research endeavor.

**Situated Learning in Contrast to the Other Situativity Paradigms**

The inception of the model of situated learning has been discussed by psychologists, Brown, Collins and Duguid, with activity, concepts and culture as interdependent and necessary for knowledge acquisition (1989). Immersion within a culture, society, environment, participating *in situ*, individuals learn relevant practices, language and behaviors through social interaction. Components of the model include cognitive apprenticeships, collaboration, coaching and articulation of learning skills, just to name a few (McLellan, 1996). Lave and Wenger (1991) have contributed extensively in the situativity literature, and use a metaphor of a bridge connecting cognition to social practice in the culmination of learning in their view of situated learning.

Classifications within the situativity literature are multifaceted, including situated cognition, situated learning, ecological psychology and distributed cognition; hence, a discussion of terminology is warranted to support further understanding (During & Artino, 2011). While situativity theory seems to be the overarching classification under which each of the four paradigms are located, all address the idea that thinking and learning occur as situated within contextual and environmental social interactions.

From an ethnomethodological perspective, cognition is informed by situated actions which take place in a “collaboratively organized world of artifacts and actions” (Suchman, 1987, p. 50). Cognitive outcomes are a direct product of the context, circumstances, social interactions and use of specific tools, which inform learning. Differing perspectives of cognition versus learning are expressed in the situativity literature. Some authors view situated cognition to
center around thinking, while situated learning deals with the process, act and practice of
learning (During & Artino, 2011). Situated cognition was born out of a frustration between
behaviorist and cognitivist paradigms where opportunities to view learning through a socially
constructed world were limited (Kirshner & Whitson, 1997). Situativity theory asserts
knowledge or thinking (situated cognition) and learning (situated learning, ecological
psychology and distributed cognition) are located in social and cultural experiences, from
whence meaning is created.

Theory can be a dynamic, evolving and growing concept, and situativity paradigms are
apparently no exception. Depending on the writer/researcher, various interpretations have been
made in defining and applying the nuances of situated cognition (SC), situated learning (SL),
ecological psychology (EP) and differentiated cognition (DC). Seemingly, situated cognition and
learning overlap in the overall assimilation of knowledge. Some include EP, which espouses the
organism-environment connection in perceiving, learning and behavior, as a historical
underpinning to situated cognition (Roth & Jornet, 2013), others seem to view situated
cognition/knowledge/learning as one in the same (Hay, 1996), while still others include all four
constructs in the practice of learning via situation (During & Artino, 2011; Young, 1993).
Distributed cognition, under the auspices of situativity theory, takes a stance that humans are
systematic organizers in society through their work and use of artifacts or tools (Hardy-Vallee &
Payette, 2008). According to some, the characteristics which apparently separate situated
learning from the other three constructs are the driving tenets of communities of practice and
legitimate peripheral participation, as well as cognitive apprenticeships which will be discussed
in examining views of the learner and the educator (During & Artino, 2011; McLellan, 1996).
Yet another source of confusion is the ways in which communities of practice and legitimate peripheral participation are interpreted and utilized as part of the learning process based upon whose work is being examined. For example, under Lave and Wenger [1991], legitimate peripheral participation within the community is discussed with situated learning, while Brown and Duguid [1991] view CoP from an organizational learning perspective (Cox, 2005). To afford clarity, from this point forward, situated learning will serve as the guiding framework by which learning occurs and as a lens through which occupational therapy academia and the OTA/OT collaborative course were analyzed. As I approached this investigation from my perspective as an educator, situated learning more readily encapsulated the dynamic process of “learning as doing,” and is reflective of how both the learner and the educator experience assimilation through this lens. In my way of thinking, it would seem that situated cognition is a naturally occurring product of situated learning, if the premise of SL is skillfully understood and artfully executed.

**Situated Learning Theory: Knowledge Acquisition and the Learner**

Situated learning espouses the importance of knowledge as socially constructed within real-world contexts. Unlike liberal traditions of education, where individuals work in isolation to achieve grades for independent effort, where lecture is the mode of content dissemination and where the expert lecturer determines what is important to know, situated learning is antithetically positioned. In this view, learning occurs in local, social and practical contexts where learn-through-doing and immersion are the means to skill acquisition (Romer, 2002). Learning is seen as a “social phenomenon constituted in the experienced, lived-in world, …[where] skill is subsumed in processes of changing identity in and through membership in a community of practitioners” (Lave, 1991, p. 64). Under the assumptions of SL, a learning curriculum is
representative of a community where stakeholders may have different interests and perspectives, but are working toward a common educational end. A CoP can be defined as relations among people, activity and the world with a purpose of gaining knowledge and meaning for said community (Lave & Wenger, 1991). Case in point, the academic constituent of OTA/OT students, who engaged in tasks and projects collaboratively within their college environments and in local geographical context, served as a community of practice. Along with their instructor and others with whom they came in contact throughout the semester-long learning elective, this group held collective membership as diverse individuals functioning within a common contextual unit, a community of practice. Dimensions of the CoP included mutual engagement of the OTA/OT students, joint enterprise where all moved toward a common goal, and a shared repertoire of resources and culture-specific tools of the trade that supported learning (Wenger, 1998).

Some would argue that classrooms do not provide an authentic environment whereby skills can be developed, even calling them highly problematic (Brown & Duguid, 1996; Lave, 1988). I would argue that the classroom, for these adults, was their social environment and the authentic space to promote learning via the intraprofessional pairings of OTA/OT students, the collaborative skill building activities they negotiated, and the cooperative community outreach projects they planned and implemented. The centrality of the classroom for adult students’ learning has been supported in the literature as pivotal to learning outcomes, especially for commuters and graduate students who do not reside on campus (Donaldson, 1999). Tripp (1996) supports the notion of developing critical thinking skills in the classroom as this is “the idiom of activity of schools and teachers…where a certain style of thinking called critical may be modeled” (p. 165). My elective course was structured such that additional opportunities were
afforded for interaction, not only via classroom modeling and experience, but additionally with internal and external college communities, OT professionals in the field, and external OTA students who were served in outreach efforts. Hence, the notion of socially situated, collaborative pursuits from the vantage point of communities of practice is and was afforded in OT academia, specifically via the OTA/OT collaborative course. Important to note is the idea that community does not imply “co-presence, a well-defined, identifiable group, or socially visible boundaries” (Lave & Wenger, 1991, p. 98). This definition affords exciting implications in a current networked world, where OTA/OT students could easily integrate their learning and communication via social media outlets as well.

Regardless of the methods for integrating its members, the community relies on the social and historical practices on which to build learning. Upon entry into a given community, learners are said to be legitimate peripheral participants, endeavoring through dynamic interaction and learning, to move toward fuller inclusion as full participants (O’Donnell & Tobbell, 2007). Peripheral participation supports learners working toward competency in their given areas of interest, mobilizing within a social and cultural world. The agent, or learner, and the context have a symbiotic relationship in the quest for knowledge (Young, 1993). As the adult learner navigates and mobilizes within the community, perspectives change, identities develop, and skills increase, leading toward greater inclusion and assimilation in the CoP. To illustrate this point, take the OTA/OT student pair who began the elective class on the periphery, not sure of what would happen or how this innovative collaborative experience would transpire. With each activity, each interaction, each project, his/her identity as part of an intraprofessional team developed and was strengthened until both were participating members of the bigger picture that is intradisciplinary care. As they move into clinical practice, the hope is that the skills they
learned in the elective course will be applied, shared and taught to others, who do not possess this knowledge base and who now reside on the periphery, altering their positionality toward fuller inclusion and enculturation in the community.

Interestingly, the idea of legitimate peripheral participation, due to its effects within social and cultural realms of learning, raises issues of power and equity in the learning process (Romer, 2002). This has been described as having “ambiguous potentialities” (Lave & Wenger, 1991, p. 36) where the periphery can be empowering, with the learner being granted liberties to not yet fully engage, or disempowering, where the learner is unable to engage due to perceived inadequacies. As the educator, this variable is vital to recognize. Guiding intervention was indeed warranted as sometime negative perceptions seemingly inhibited participation as learners navigated their experiences within the community throughout the elective course. In addition to functioning as an active facilitator, the educator serves other roles which merit discussion to fully appreciate knowledge acquisition as viewed within these theoretical parameters.

**Situated Learning Theory: Educator Locus and Techniques.**

In the situated learning approach, the educator serves a supportive role, one of guide, co-collaborator, coach and support for learning practices afforded within the social context, in this case higher education and occupational therapy. Techniques, such as scaffolding, fading and practice of skills provide learners with contingencies for initiative and authentic problem-solving (McLellan, 1996). The aim of OT education is to provide opportunities, within the context of therapeutic scenarios, which afford the development of intraprofessional collaborative skills and include effective communication, mutual respect, and professionalism based upon mandated roles and responsibilities (Dillon, 2001). To scaffold, the instructor started with activities and discussions about the rudiments of teamwork. These ideas were then linked to demonstration of
skills in practice, and ultimately, teamwork was the driving force to completing learner-chosen, meaningful projects. The educator served as facilitator early in the process, and, as the learners gained confidence and proficiencies, faded further into the background.

Practice improves performance and reinforces skills within this community, mobilizing the students from the periphery toward fuller legitimate participation. Heath (1991), in research surrounding Little League Baseball players, compares coaching techniques used with the sport to those applied within socially situated educational paradigms. Through coaching, many learners recognize varying abilities which contribute to the community, share and distribute tasks among the participants, and strengthen the whole through individual and group effort. This is a direct corollary to the teams of OTA/OT students who come to the community with distinctive skill sets and roles, each offering unique perspectives for the greater good of the intraprofessional team and the patient populations they will serve.

Cognitive apprenticeships, another key tenet of SL, serve to immerse learners into context-specific practices through activity, social interactions and appropriate tool usage (Brown, et al. 1989; Lave 1996). For Lave, direct participation within a cultural context affords learning, not deliberate instruction per se (Resnick, 1991). The idea of apprenticeship is enculturated in OT, with the successful completion of two levels of fieldwork experience required for degree matriculation. Within SL, simulated lab experiences can offer a preparatory reference for actual fieldwork experiences, and are performed in highly specific environments and contexts for the effective assimilation of intraprofessional skills. While I agree that immersion is an extremely dynamic method by which to develop communication, collaboration and professional abilities, the idea of no corresponding instruction or preparatory learning seemingly lessens the potential for optimum outcomes. Guiding learners through these real-world experiences, processing
successes and failures, and modeling are important aspects in skill acquisition which the educator’s role affords within the CoP to add depth to the experience. Collaborative interactions between peers during apprenticeship experiences afford circulation and experimentation with information while engaging in authentic activities and are considered conditions for effective learning (Lave & Wenger, 1991). This viewpoint supports the OTA/OT collaborative course by way of specific culturally appropriated opportunities afforded within the community of practice, allowing members to interact, solve real-world problems and discuss solutions within higher education.

Also imperative to consider in an academic exchange is assessment of learning. Little research is availed to describe the assessment process under situated learning, but one could assume learning has occurred when individuals are able to demonstrate a skill, utilizing the necessary tools of the trade within appropriate contexts. For example, therapy and assistant students could demonstrate effective communication skills within the context of in-class activities as well as during service projects with outsiders. “Evaluation in a situated learning context is based on a dynamic, continuous, ever-emerging assessment of the learning process, the learner’s progress, the instructional strategies deployed, and the learning environment” (McLellan, 1996, p. 101). One such example as proposed by Collins [1991] is the use of portfolios which are learner-generated products of their acquired skills and content and can take the form of writings, multimedia products or artwork (as quoted by McLellan, 1996). While the traditional formatting of assessment in higher education often comes via scantron mid-term and final examinations where learners are expected to memorize content and spit it back onto the answer sheet, assessment in SL should be meaningful and have the potential to push the boundaries of liberal forms of assessment into much more dynamic, interactive demonstrations.
of understanding. In an elective designed to foster collaborative experience and learning, social forms of assessment need to be explored. My research included this aspect of learning, and garnered student input into their perceptions of valued types of assessments which best afforded platforms to demonstrate learned skills surrounding intraprofessional collaboration. Students were also given the opportunity to decide collaboratively by which method they would receive a measure of their performance. These results will be discussed in the findings chapter. What role, then, does collaboration play in SL? Defining this concept is pivotal in defense of the OT elective, to better understand skill development for effective intraprofessional collaborations.

Collaboration

Collaboration is a frequently utilized word in educational and professional circles. While the notion of collaborating implies a social context, where more than one person is involved in said activity, this is not a two dimensional, simple term to define. At the most rudimentary level, the Oxford English Dictionary describes the derivation of the word from the Latin collaborare, or ‘work together,’ and defines the term as “the action of working together with someone to produce something” (2015). While several conceptual pieces of literature have discussed occupational therapists and assistants in the process of collaborating, teaming or partnering (Black, 1996; Campbell, 1998; Coleman & Riley, 1997; Jung & Steggs, 2014), little has been written in the field defining exactly what collaboration means.

Nursing, by contrast, has amassed several works which attempt to dissect, define and describe the nuances of collaboration. The collaborative practice model in nursing dates back to the early 1970s stemming from suggestions of the National Joint Practice Commission whose responsibility it was to examine interprofessional relationships between nurses and physicians (Cape, 1986). Their findings supported the benefits, not only for the partnering professionals,
but also to the institutions where they worked and the patient populations served, of collaborative practice which they defined as “the joint determination of relationships among members of the health team whose sole purpose is to integrate their care practices into a comprehensive approach to meet the needs of patient and family” (p. 14).

Since this time, others in the nursing field have further extrapolated the nuances of collaborative practices. “Effective collaborations are those that are mission-centric for both partners, create capacity and synergies that would not be possible for either partner alone, reap benefits for each partner, and ultimately…add value for those being served” (Bellack & O’Neil, 2013). From this standpoint, the partnering generates benefits and outcomes for those involved and for those they serve. Both parties, however, do have a shared purpose and mission, and must be willing to work together. Others have defined real collaboration as people coming together who have different ideas, articulated goals, various talents and skills, and a shared passion to bring their vision to life (Whitney, 1990). Without passion, collaboration can quickly dwindle, fizzle and disintegrate. Passion creates synergy between those involved in the process which creates energy in realizing outcomes. Passion also requires a readiness of each individual to engage willingly in collaborative processes. Henneman, Lee and Cohen (1995) write about the antecedents to collaboration which include such factors as a clear understanding of roles and levels of expertise, feelings of security about what one brings to the relationship, excellent communication skills, respect, sharing and trust, and a supportive environment where ideas are encouraged, accepted and supported. Others echo the importance of mutual trust in collaborative work, stressing the importance of everyone valuing newly enunciated ideas and information (Kalafatich & Moushey, 1986). Collaboration requires that goals are achieved via the contributions of all parties, ultimately integrating all concerns to satisfy the objectives of the
group (Ray, 1988). As everyone has a voice, this suggests an intended equalization of power structures, a realization that every individual comes to a collaborative exchange with a unique set of life experiences, skills and education which contribute to solving a problem and/or meeting an identified group goal. So what happens when collaborating is a legally mandated job requirement? Do people eagerly and happily engage with their fellow professionals? How can the skills of collaboration be facilitated?

Collaboration with Supervision: Therapist and Assistant

When supervision is part and parcel of a profession, as is the case with occupational therapy assistants, collaboration is induced. Sometimes conflict and even enmity can occur in a partnership, requiring the skills of negotiation and compromise (Sullivan, Morgan, Heimerichs and Scott, 1998). Clearly, there is a mounting list of skill sets that define effective collaboration. Within the field of occupational therapy, therapists and assistants engage in a symbiotic interplay, negotiating roles, responsibilities and daily tasks as mandated by professional, state and federal regulatory agencies. The guidelines for supervision were written for The American Occupational Therapy Association and adopted by the Representative Assembly in 2004, and edited by the Commission on Practice in 2009. This document contains mandates for the direct delivery of occupational therapy services and is subdivided into four sections: General Supervision, Supervision of Occupational Therapists (OT) and Occupational Therapy Assistants (OTA), Roles and Responsibilities of OTs and OTAs During the Delivery of Occupational Therapy Services, and Supervision of Occupational Therapy Aides. This doctoral research was dedicated to the intraprofessional relationships of therapists and assistants; hence, the later section will not be included in this analysis and discussion. In addition to supervisory guidelines, OTs and OTAs are expected to act in accordance with state licensure laws, follow
workplace requirements, and complete mandated professional development. This analysis will examine supervisory requirements, as well as Pennsylvania State Licensing parameters as they relate specifically to collaboration necessary for legal and equitable professional practice of therapists and assistants.

**Supervision.** Per the specifications of the Guidelines Document, supervision is “viewed as a cooperative process in which two or more people participate in a joint effort to establish, maintain, and or elevate a level of competence and performance...ensuring the safe delivery of occupational therapy services” (AOTA, 2009, p. 173). Occupational therapists, once the certification process is successfully completed, are fully autonomous in their service delivery to their client populations. Unlike their professional counterparts, the assistant must receive supervision from the therapist to provide any occupational therapy interventions. The therapist assumes all legal responsibility for the work, documentation and interactions of the assistant within the treatment arena. Also important to note is that the therapist and assistant are jointly responsible for “collaboratively developing a plan for supervision” (AOTA, 2009, p. 173). Not unlike OT, nursing also has supervisory relationships. DeMarco, Horowits and McLeod (2000) suggest a model for building intraprofessional alliances as an alternative way to supervise, and see a need to understand how intraprofessional relationships can be built through specific models. While I concur that there needs to be a systematic way to develop the skill set necessary to collaborate effectively, whether you call it an alliance or a supervisory relationship, semantics do not disguise the nature of that leveled relationship.

Each section of the seven-page occupational therapy supervision compendium (AOTA, 2009) outlines the specifications of supervision in the general sense, within the context of service delivery, as mandated by authorizing regulatory bodies, and in terms of role delineations. In all
of the documented mandates, the assistant and therapist are required to collaborate and negotiate their supervisory interactions professionally with a goal of optimum patient outcomes. This concept of supervision of the assistant is non-negotiable, absolute and legally bound per these professional requirements. Also providing further support for the supervision of assistants working in collaboration with a therapist are licensure laws that define the scope of necessary contact.

**Licensure.** Each of the 50 states in America has its own unique statues and regulations for occupational therapy practitioners. For the sake of this document analysis, I chose Pennsylvania’s laws to examine, as this is where I live, work, practice and where I conducted this research. Act 149, Statute 3, defines the occupational therapy assistant as “a person licensed to assist in the practice of occupational therapy, under the supervision of an occupational therapist” (AOTA, 2012, p. 41). Chapter 42, Regulation 42.22, details the specifics, defining the supervising therapist, as well as specifying the characteristics which make up supervision within the context of practice. A sampling of the seven specified parameters for the therapist to carry out when supervising include, but are not limited to, communicating to the assistant, reevaluating the patient, determining program termination, and observing the assistant periodically. In Pennsylvania, supervisory contact must occur for at least 10% of direct patient care time spent by the assistant. Supervision can be provided face-to-face, individually, over the phone, through written contact or in group formats. As these parameters are set forth, collaboration can and should be taught to effectively occur in all aforementioned formats. This law delineates the methods, scope and parameters of OT to OTA collaborative supervision with no exceptions. Important to mention is the need for therapists and assistants to know and understand the
specifics of their own state’s licensure laws to promote best practices adhering to the prescribed legal requirements, as well as a thorough understanding of each other’s role delineations.

**Support for the need to collaborate.** Both the supervisory document and licensure law clearly articulate that under no circumstance is the assistant to provide occupational therapy services without the supervision of a registered therapist. These requirements are clearly defined, articulated and described specific to therapist and assistant collaboration. The documents provide unequivocal evidence that supervisory relationships are mandates, not suggestions. Hence, several questions for future examination are raised: What determines effective supervisory teaming? Where are OTs and OTAs learning to collaborate? How are academic programs supporting the skill acquisition necessary for success in these non-negotiable pairings? Do students from either program feel prepared to enter the workforce ready to supervise, share knowledge and collaborate? These questions, and still others, perpetuate the need for query into these dynamic relationships.

In the selection of any job or career, individuals must abide by rules and regulations if they are to successfully negotiate the functions and requirements of said employment. Although therapy and assistant students are informed throughout their academic path that supervision is required for assistants to practice, that therapists need to sign off on the assistant’s medical documentation and that the litigious bottom line rests with the therapist, I truly questioned how much of this information is digested and comprehended. I also wondered what anxieties are experienced by these students as they attempt to navigate these essential relationships from the outset. How truly prepared are our young professionals as they are not only trying to provide optimal therapy to their patient populations, but also attempting to build sound working relationships? As an instructor in higher education, I am constantly evaluating and reassessing
my teaching approaches, revisiting learning objectives and thinking about more effective ways to hone the craft of skill building with my students. Careful examination of course threads and structure should to be undertaken to ensure that these needs are being met prior to a graduate stepping into the treatment setting. The development and execution of an elective course which paired OT/OTA students in the dynamic study of relational characteristics, role delineations and responsibilities, and team building was offered in this research as a proactive, innovative step in the right direction to ensure that skill building is afforded for the promotion of successful intraprofessional collaborations.

Supervisory and licensing requirements are the black and white in a gray occupational therapy world. They are specific, clear, non-negotiable and must be held in compliance if therapists and assistants are to maintain their professional privileges. The gray in this discussion focuses on “how” and “if” we are meeting the needs of our students academically in their abilities to actualize the dynamic skills necessary for equitable, effective and client-focused interactions. As supportive evidence is mounting to corroborate the relevance of course offerings which attempt to actively engage these OT/OTA teams prior to clinical practice, further investigation examining standards of professional practice, ethical considerations, as well as the vision for occupational therapy in the years to come is warranted. The time to be proactive is now to influence a future of talented and effective occupational therapy professionals. As an educator, I endeavor to provide the most meaningful, innovative, best teaching practices to my students. The hope is that the skills acquired in academia not only positively affect the working relationships of future therapists and assistants, but ultimately effect positive, dynamic outcomes for the client populations they serve. How is collaboration best taught and learned in academia to promote future successful intraprofessional relationships?
Collaborative Learning as a Methodology

Collaboration is not only a skill required for successful intraprofessional relationships as previously detailed, but is an instructional methodology which can be integrated under the lens of SL as well. From the most rudimentary standpoint, in either case, collaboration is defined as working together for a common goal (Sullivan, 1998). In an independent study where I explored the nuances of collaboration and the educational methods espousing the locus of social, active, learner-centered meaning making, three options were availed: (1) Problem-Based Learning, (2) Cooperative Learning, and (3) Collaborative Learning. While all three options fit well within the context of occupational therapy education, have strong parallels to the guiding lens of SL, and involve group or team problem-solving, Collaborative Learning was the ultimate method of choice for the proposed OTA/OT elective course design because it most readily approximated the practice and outcome of collaboration for effective intraprofessional relationships for several reasons.

Collaborative learning is increasingly acknowledged as an effective way of engaging students with discipline-specific language and concepts, acquainting them with the social responsibilities of learning and the intellectual benefits of shared explorations for meaning and retaining them by improving their performance and enjoyment of learning (Bosworth & Hamilton, 1994).

Collaborative Learning (CL) is directly tied to social construction of knowledge, is associated with the work of cognitive and social theorists like Piaget and Vygotsky, and is the ideal fit for curricular design under SL (Ding & Flynn, 2000). Key elements under collaborative learning include communication, trust, shared interests and goals, and knowledge of expectations and
roles (Steinkogler, Leibl & Seemuller, 2012). Interestingly, these aspects are parallel to characteristics of communication, mutual respect and professionalism identified as paramount to intraprofessional collaboration in Dillon’s previously mentioned study of 22 COTA/OTR teams (2001). Hence, what practices of collaborative learning promote development of these necessary skills?

Regarding communication, the use of dialogue, where everyone is encouraged to participate equally, is pivotal (Armstrong & Hyslop-Margison, 2006). Use of open communication is a forum where ideas can be exchanged, and where learners are able to engage with material as it relates to their own lived experience. In these formats, learners are communicators who “talk to learn” (Gerlach, 1994). This is advantageous on two fronts. First, students are exposed to different perspectives, thereby learning to negotiate, compromise and resolve conflicts. Second, as with SL, open discussion offers a space to deconstruct power positions by providing equal footing for self-expression and opportunities for everyone to have a voice. Collaborative learning is an apparent umbrella term for a wide array of educational endeavors aimed at joint intellectual effort in student groups along with the instructor. Assumptions of knowledge and skill acquisition involve learning as an active process, context dependent, and having an affective, motivational domain (Smith & MacGregor, 1992). Learners are to see themselves as creators of their own knowledge instead of passive recipients of some implied truth spewed by all-knowing instructors. Peer learning and teaching, discussion groups and seminar formats are espoused as techniques in CL. “Learning communities” discussed in the literature aim to develop problem solving, critical thinking and communication skills (Schroder, 2010). Echoes of CoP resound loudly here. Learners take an active role in defining the limits of their learning, directing problem-solving efforts as a team to accomplish learning outcomes. An
evolving syllabus which encourages students to have direct input into the content, readings and inquiry which they feel is important was integrated into the development and evolution of curricular design under CL. This technique has direct tie-in to Lave’s work on SL where learning is viewed not from a pedagogical teaching position, but from that of the learner’s perspective (Brown & Duguid, 1996). As learners navigated collaborative methods in the research elective intraprofessional/intraeducational course, they gained the ability to make necessary adjustments, ask questions, and solve problems to further equip them to handle similar situations when functioning in the working world.

**Collaborative Methods Via Proposed Elective OTA/OT Course**

The collaborative college course included both academic and professional contexts, revolving around socially constructed learning methods. Students from several different universities, OTA (3 colleges) and OT students (1 institution), were joined for a semester of interactive opportunities aimed at increasing their abilities to collaborate in current and future professional situations. Both classroom and “real-world” environments served as context for problem solving and critical thinking. In SL, context-specific activities and tools are used to promote learning. In OT academia, courses are mandated by accrediting boards and standards of practice (Accreditation Council for Occupational Therapy, 2012). Functioning within those parameters, in collaboration with the instructor, the course integrated role delineation, legally mandated supervisory guidelines, and the skills necessary to work together collaboratively, under these auspices. All activities were carried out by teams of OTA/OTs and included formal and informal learning, icebreakers and mixers, trust exercises, leadership opportunities and a one-day conference that was designed and run by the OT/OTA students, just to name a few. The student needs, choices and motivations defined the direction and activity choices throughout the course.
Regardless of the decisions, they served as part of a cognitive apprenticeship, enculturating the students in authentic intraprofessional teaming. Activity selection guided tool usage as relevant to circumstance and purpose. Tools, or artifacts, within SL can be physical, linguistic or symbolic in nature and ultimately lead to reinforcement of ideas or concepts (Lave & Wenger, 1991). For example, dialogue is a tool used for effective interactions when working together and when supervising and being supervised. Artifacts were used within the context of instruction to augment learning. As the instructor, I viewed myself as a fellow stakeholder and facilitator in the learning process, using my 30 years of clinical experience, working as both a therapy assistant and then as a therapist, to help students relate emotionally and empathetically in the pursuit of effective intraprofessional relationships. While this perfect fit of learning to collaborate by collaborating sounds ideal, some concerns are noteworthy and materialized throughout the inception, design and implementation of the elective.

**Intraprofessional Collaboration: What does the professional literature show?**

The field of occupational therapy introduced the role of certified occupational therapy assistant with the pilot educational program beginning in 1965 (Cottrell, 2000). Much has changed since then, with the proliferation of college programs, focuses on specialization, and greater autonomy for the practicing COTA. One constant remains, the supervisory and working intraprofessional relationships between assistants and registered therapists. The Accreditation Council for Occupational Therapy Education’s (ACOTE, 2012) most recent accreditation guidelines detail over 10 standards which directly correspond to issues of COTA/OTR collaboration. A majority of the professional literature focuses on methods for developing these important relationships in fieldwork education or in clinical practice. However, it appears that a
paucity of data-based research exists surrounding educational efforts aimed at developing these intraprofessional skills prior to the clinical experience.

Successful therapeutic relationships between COTA/OTR teams are important because they promote rehabilitation which is focused, relevant and effective. Being an integral partner in such collaboration involves open dialogue, teaching-learning reciprocity and an understanding of role delineations. While many clinical educators are attempting to integrate collaborative educational models in fieldwork formats, few examples are available to support academic efforts at developing these skills through actual engagement of OTA/OT students prior to Level II clinical placements. In an age of accreditation, where academic programs are mandated by standards of practice, the idea of affording space in the curriculum to focus on growing skills necessary for effective professional collaboration seems like time and money well spent. The overall outcome of these academic efforts could ultimately have positive impacts on occupational therapy service delivery.

Currently, there is a lack of literature specifically examining how to foster strong relationships between OTAs and OTs, especially prior to fieldwork exposure. Thus, the purpose of this section is to explore relevant research within health care, particularly OT, physical therapy (PT) and nursing where similar professional leveling exists, that could relate to collaborative relationships within occupational therapy, and to discover any gaps in the literature specific to academic instruction of paired teams or groups of students. These implications could inform areas of dynamic programming yet unexplored.

My investigation began with an in-depth breakdown of literature review methodology, sourcing and searching techniques. I organized empirical and conceptual offerings thematically. I comprehensively examined the notion of collaboration in the health care arena, critiqued and
synthesized the available literature supporting intraprofessional teaming, and articulated an integrated understanding of why collaboration is relevant in occupational therapy relationships. Finally, a critique of the available empirical literature and a discussion of implications for future research round out my summation.

**Methodology of the Review**

Through the use of database investigation, E-journal searches, and hand selection processes, 15 total empirical studies were isolated in the health care realms of OT, PT and nursing to support the idea of collaborative relationships. One challenge inherent to this comprehensive inquiry was the apparent lack of research-based literature in the field of OT surrounding academic educational endeavors related to cooperative learning. Many conceptual pieces were found which added depth of understanding to views surrounding intraprofessional collaboration; those combined efforts between individuals within the same field of practice, such as OTA/OT or physical therapy assistant (PTA)/ PT (Blechert, Christiansen & Kari, 1987; Cohn, Dooley & Simmons, 2001; Costa, Molinsky, Sauerwald, 2012; Higgins, 1998; Johnston, Ruppert, & Peloquin, 2013). With so many conceptual offerings, the assumption would indicate a strong interest in the topic among professionals in the field, but what is limiting research investigation? Cost? Geographical considerations of OTA/OT programs and universities? Policy or formatting challenges? Further inquiry is merited to more comprehensively understand the dynamics at play.

For the purpose of this compilation, I explored both empirical studies and conceptual literature centering on intraprofessional collaboration in health care to gain understanding of the use of teams in professional practice, in clinical education and in academia. I chose these articles following rigorous searching via various methods, exploring five database systems. Ultimately,
my search led to few available options. Inclusion criteria centered on topics of intraprofessional teaming within health care, especially in occupational therapy. ProQuest, PubMed, Cinahl on EBSCO, and Web of Science were navigated using the terms “occupational therapy, occupational therapy assistant, collaborative education, intraprofessional teams.” Seven total viable options were isolated from these databases. The most abundant results came from ELion with 10 useful articles. A hand search of the profession’s peer-reviewed publication, The American Journal of Occupational Therapy (AJOT), was conducted in all issues from 2003 through 2015 for applicable literature and revealed three topic-related documents. In addition to AJOT, the scope of search included Canadian, British, and Australian Journals of Occupational Therapy over the same thirteen-year period. All other sources were found via manual searches of the reference citations from each selected article. Fifteen empirical studies and 18 conceptual articles were chosen to inform insights on intraprofessional collaborations in health care. First, I provide an overview of the identified empirical studies which are noteworthy. Then I detail the conceptual literature that supports the notion of collaboration within occupational therapy.

**Empirical Literature: Methods and Themes**

I selected 15 studies for this comprehensive review: six qualitative, five quantitative and four mixed methods inquiries. These contributions are classified in Appendix A by methods, authors, professional fields and thematic areas. Physical therapy offers research from qualitative, quantitative and mixed methods inquiry. OT’s perspective comes from a mostly qualitative approach with one survey piece also examined, while nursing uses mixed methods and quantitative techniques. Again, noteworthy is the empirical research lacking in OT academia which relates specifically to intraprofessional preparation. One article was isolated related to...
OT/PT educational collaborations, however this speaks to the notion of interprofessional pairings categorically, which is a topic for exploration another day (Cleary & Howell, 2003).

Of the quantitative studies, four utilize a survey design (Johnson, Lamere-Wallace & Gardner, 2000; Robinson, Depalma & McCall, 1995; Clark, Nyuyen, Bray & Levine, 2008; Yang, Womer & Matthews, 2012). The remaining quantitative offering is a retrospective analysis of fieldwork performance with a weighted score from an Evaluation of Clinical Competence (DeClute & Ladyshesky, 1993). Two of the mixed methods pieces use a combination of surveys with either a summative essay or group interviews (Matthews, Smith, Hussey & Plack, 2010; Plack, Williams, Miller, Malik, Sniffen, McKenna & Gilner, 2006). The remaining mixed methods research utilize an Individual Readiness Assurance Test with interviews of the sample (Cleary & Howell, 2003). Finally, the qualitative offerings include three sources which examine journaling to obtain rich data necessary to inform the problem, and additionally supplemented with pre- and post-test interview, post-placement questionnaires, and focus groups (Jelley, Larocque & Patterson, 2010; Jung, Sainsbury, Grum, Wilkins & Tryssenaar, 2002; Jung, Salvatori & Martin, 2008;). Two consecutive studies, exploring the idea of supervision, use interview formats with OT supervisors and supervisees (Sweeney, Webley & Treacher, 2001). The remaining qualitative study utilizes semi-structured interviews of working teams of COTA/OTR pairings (Dillon, 2001). Journaling and interview strategies are practices, which are very familiar in the world of occupational therapy, hence their integration into research endeavors seems apropos.

When examining the data-based offerings in OT and PT, the fields with the most similar professional leveling, the greatest number reside in clinical education and in professional practice. The least literary contributions are found in the world of academic instruction.
Curiously, the realm of nursing has generated some empirical endeavors within academia which can lend insight into teaming and group work within classroom settings. In order to inform context relevant to occupational therapy, I will provide an overview and summation of the conceptual offerings to identify professional interest and pertinence to the topic of intraprofessional collaborations. A brief overview of conceptual propositions is explored next.

**Conceptual Literature: Contextualizing OT Practice**

Conceptual offerings abound within the field of occupational therapy related to the notion of team building, supervision and collaboration in the areas of clinical practice, fieldwork education and academia and are highlighted in Appendix B. This is relevant in support of interest, need and benefits of intraprofessional pairings for success of the team and ultimately for optimal service delivery to our client populations. Additionally, effective intraprofessional collaborations can lead to increasing demands for service provision, further strengthening and marketing the need for OT’s place within the healthcare arena (Blechert, et al., 1987).

Imperative to mention at this juncture are the governing professional bodies which regulate the practice of occupational therapy. These include state licensure parameters heretofore mentioned, reimbursement laws, professional practice acts and accreditation mandates also previously discussed, addressing compulsory requirements for OTA supervision and OTA/OT collaborations (Black, 1996; Glantz & Richman, 1997; AOTA, 2012). The 2017 Centennial Vision for Occupational Therapy, which involves a “synchronized set of strategies, imperatives and priorities for advancing [the] profession,” addresses the importance of OTA/OTs as collaborative partners in the provision of care (Corcoran, 2007, p. 267; AOTA, 2007). The notion of intraprofessional collaborations is not simply a nice idea in theory, but a professional mandate necessary for legal and ethical therapy service delivery.
A thematic breakdown of conceptual literature will be integrated in the topical discussions with the empirical findings. In contrast to the six evidence-based studies within occupational therapy, I unearthed 18 conceptual offerings specific to OT that add insights to intraprofessional collaboration within practice, clinical education and academic settings.

**Key Themes in Empirical and Conceptual Literature**

Professional practice, clinical education and academia are consistent themes in both empirical and conceptual literature focusing on collaborative relationships. These areas will serve as organizing parameters in my following syntheses.

**Professional Practice**

Recurring concepts surrounding professional practice have long been discussed in the literature and include: team building, supervisory skills, role delineations of assistant and therapist, and the notion of “effective” collaborative relationships. Ryan (1993) devotes an entire textbook to the topic of intraprofessional team building in OT practice. Using a team approach method, she covers a wide array of diagnostic treatment categories from pediatrics through geriatrics, as well as emerging areas of specialization within the field where cooperative efforts are paramount. This work has been updated and continues to be a dynamic resource for OT learners and educators (Sladyk & Ryan, 2005). Interestingly, Blechert, et al. (1993, 1997, 2005) are contributors to these compilations with their discussions of teamwork and team building. Viewing the OT profession from a system’s perspective, these authors discuss the needs of ministration (trust, respect, and inclusion), mastery (role delineations, professional growth and self- and peer review) and maturation (reasonable risk, achievement and empowerment) as integral for team building to thrive. Much like any valued relationship, effective intraprofessional working dynamics are not forged by luck or happenstance, but
through the commitment of all those involved to consciously strive toward supportive, respectful interactions. Wagenfeld’s (2016) comprehensive textbook specifically for the OTA student examines theory and guiding professional principles, therapeutic techniques and practices, settings which employ OTAs, as well as a scope of practice section which includes the notion of working together with OTs and the importance of collaboration. These academic tools used in the preparation of competent OTAs reflect the importance and significance of intraprofessional collaboration in the training of future practitioners. In addition to textbooks on the topic, trade publications within the profession of occupational therapy also offer information on collaboration and professional integration.

Several articles addressed the idea of collaboration as a basis for competent supervision in OT, specific to preschool settings (Hanft & Banks, 1999), home health (Glantz & Richman, 1997), school-based practice, hand therapy and skilled nursing rehabilitation (Johnston et al., 2013). In each of these conceptual articles, collaboration is central to the success of treatment outcomes and facilitates support, encouragement, respect, and productive feedback in fostering OTA/OT working relationships. According to The American Occupational Therapy Association (AOTA),

supervision is based on mutual understanding between the supervisor and the supervisee about each other’s competence, experience, education, and credentials. It fosters growth and development, promotes effective utilization of resources, encourages creativity and innovation, and provides education and support to achieve a goal (2014, p. S16).

This definition espouses the ideal professional relationship, however, begs the question, how often is this actually occurring in professional practice?
Five empirical studies in this review highlight issues related to intraprofessional collaboration and professional practice. In an AJOT Letter to the Editor, a senior OT student aptly asked how prepared are OTs for supervisory roles in practice (Roggia & Walski, 2001)? Johnson et al. (2000) conducted a quantitative study using a 16-item questionnaire which focused on knowledge of OTA roles and supervision needs, among other areas of concern, in accordance with AOTA guidelines. Of the 123 surveys which were returned by OTs practicing in Maine, a question pertaining to supervisory readiness revealed 69% of respondents were comfortable to very comfortable with the notion of supervision, 20% were somewhat comfortable, 9% were uncomfortable to very uncomfortable and 2% deferred answering the question. While over half of these survey respondents reported readiness to supervise, even the most minute percentage of those who are not in this category, a total of 31%, reflect a problem in the preparation and/or execution of supervisory and collaborative skills. Further findings of this same survey report that although 50% of the respondents learned most about OTA/OT partnerships from other practitioners who were actively collaborating, the less than 25% of participants who learned about supervisory partnerships in OT school preparation reflects a gap in educational instruction. This would seem to indicate that not enough time is being spent in academia preparing future practitioners for supervisory capabilities.

Another two-tiered data-based study coming out of Great Britain examined supervisory relationships between senior level and novice therapists (Sweeney et al., 2001a, 2001b, 2001c). Although no mention was made of OTAs in these relationships, findings from the 30 interviews conducted on female only supervisors suggest that the participants found supervision difficult, used an egalitarian approach and avoided direct confrontation when possible. The follow-up study which interviewed 30 female supervisees discovered evidence of a large gap between what
the novice therapists expected to gain from supervision and what they actually received, and there were few shared guidelines or objectives to direct the process. Anxiety resulted for both team members involved, and suggestions were made for training to be availed to assist in negotiating these relationships. Once again, nothing was documented that led me to believe the skills necessary to foster these collaborative relationships occurred at the university level.

Supervisors, whether experienced to novice therapist or OT to OTA, need to communicate and cooperatively problem solve by demonstrating clarity of expectations, shared information and team learning (von Zweck, 2007). These examples further support the need for educational provisions in collaborative skill building.

In terms of role delineations, it is equally imperative for both assistants and therapists to understand the individual responsibilities which each bring to a collaborative partnership. The *Entry-Level Role Delineation for Registered Occupational Therapists and Certified Occupational Therapy Assistants* (AOTA, 1990) is the guiding document for detailing services delivered by each professional regarding assessment, program planning, intervention, documentation, and discontinuation of services. It is a useful guide for any questions that may arise during collaborative clinical initiatives. Short of the Johnson et al. (2000) survey study mentioned earlier on role delineation, no other research related to perceived OTA/OT roles, nor difficulties negotiating these parameters was located, indicating a gap in the literature.

Interestingly, a quantitative study of 225 PTAs investigating perceptions of roles mandated by the physical therapy licensing bodies, revealed the greatest agreements of PTA opinions with published guidelines surrounded treatment activities and the lowest focused on administrative tasks (Robinson et al., 1995). Also fascinating to note was that PTAs perceptions of their roles were less consistent with the guidelines than were those of PTs in a similar study. This research
manifests questions related to OTA/OT roles and how potential inaccurate perceptions could negatively affect collaborative relationships.

In defining an optimal collaborative OTA/OT pairing, Dillon’s (2001) qualitative study of 22 COTA/OTR teams found that effective two-way communication, mutual respect and professionalism are ingredients for success. Using convenience sampling, the participants represented both male and female practitioners, a mix of experienced and novice backgrounds and functioned in a wide array of practice settings. The rich narratives in the research helped to add understanding to effective and problematic relationships. In successful pairings, teams noted that developing, enhancing and maintaining good intraprofessional relationships takes effort on behalf of both parties. Also notable is the idea of being selfless, with the main priority being optimal patient treatment and outcomes. In the conceptual literature, these sentiments are echoed, supporting the ideas of trust and respect, open dialogue and accountability in nurturing these rewarding OTA/OT partnerships (Campbell, 1998).

Clinical Education

Clinical or fieldwork education prepares the future OTA/OT for the rudiments, nuances and techniques of professional practice under the supervision of a skilled clinician. These experiences are integral to the overall learning process and provide opportunities at “delivering OT services to clients, focusing on the application of evidence-based purposeful and meaningful occupations, administration, and management of occupational therapy services…[affording situations] to observe professional role models in the field” (AOTA, 2012). The shortage of available fieldwork sites has been the impetus in creating alternatives to the 1:1 supervision methods historically used in the profession. A collaborative model where two or more students work as a team to accomplish their objectives has been supported in many conceptual articles
(Costa, 2007; Dour, Grey & Michaelsen, 2007; Higgins, 1998; Joe, 1994; Rosenwax, Gribble & Margania, 2010). These authors share the view that collaborative approaches not only meet the demands for placement sites, but also afford experiences of cooperation which more closely replicate authentic practice. Data-based literature, in both OT and PT, has examined effective or preferred relationships in collaborative fieldwork environments (Jung et al. 2002 & 2008; Mathews et al., 2010). Major concepts discussed in the empirical and conceptual literature include: collaborative learning as an educational model, the nature of developing effective working relationships and professional skills, and increasing awareness regarding role responsibilities.

Cooperative learning is common vernacular in the worlds of education and psychology. Rehabilitation and medicine have adopted this educational perspective focusing on collaborative learning concepts in the provision of clinical education. The use of problem based learning in OT, which emphasizes active student involvement, fosters the notion of education as a lifelong process. Collaboration places the responsibility on the student to solve various problems encountered in practice and to use sound clinical reasoning to find solutions (Cohn et al., 2001).

I identified five empirical studies which discuss the issue of collaboration in clinical education. A qualitative study of 8 OTA/OT student pairs engaged in collaborative fieldwork experiences in Canada revealed that learning together led to feelings of respect and trust, not only regarding clinical skills, but in terms of the different roles each brought to the table (Jung et al.,2002). A recommendation coming from this study was the importance of academic preparation of the students, ensuring that they enter into such a fieldwork experience motivated to participate, understanding collaborative learning principles and respecting peer teaching-
learning reciprocity. These findings are strongly supportive of my study which promoted innovations that academically prepared students for collaboration during and beyond college life.

Data-based research in physical therapy, using a cooperative clinical education model, set out to determine whether students who experienced a collaborative apprenticeship differed on measures of clinical competence as compared to their traditional one student to one supervisor format (DeClute & Ladyshewsky, 1993) Findings were in strong support of collaboration with the 2:1 groups demonstrating significantly higher scores on all aspects of clinical performance based upon an Evaluation of Clinical Competence. Mathews et al. (2010) examined two PTA/PT student teams using summative essays surrounding a fieldwork placement and found that the team experience enhanced communication and collaboration, increased the ability of the student PT to incorporate the PTA in treatment planning, and improved understanding regarding current clinical processes. Yet another qualitative study from the field of PT supports favorable use of collaborative clinical education in a study examining three pairs of PTA/PT students using a 2:1 model (Jelley et al., 2010). In investigating the perceived impact of collaboration on student skills, findings indicated pairing increased self-directed learning, improved communication and consultation between team members, and heightened student confidence with regard to role delineation. A similar study in occupational therapy pairing seven teams of OTA/OT students reinforced the findings that collaborative experiences develop professional relationships, facilitate understanding of roles, and, additionally, discussed the importance of environmental concerns to learning (Jung et al., 2008). These four empirical investigations strongly support the use of collaboration in clinical education; hence, would it not stand to reason that such cooperative methods applied to academia, prior to clinical exposure, may foster greater success
of transitions to fieldwork and ultimately to practice where supervisory and collaborative
methods are part of the job description?

Just as not all employee relationships are dynamic, effective and harmonious, so too, not
every pairing in fieldwork ends “happily ever after.” Two conceptual offerings discuss the
realities of collaborative pairings in their innovative fieldwork models, one at Taunton State
Hospital (Higgins, 1998) and one out of the Mayo Clinic (Rindflesh, Dunfee, Cieslak, Eischen,
Trenary, Calley & Heinle, 2009). Similar to the strengths articulated in the aforementioned
studies, both have encountered successes. Significant to discuss at this juncture is their candor in
articulating the weakness, which can include competition between students, overcompensation of
stronger students masking deficiencies of weaker ones, and perceived lack of supervision from
the experienced clinician. Once again, if collaborative pairings were integrated with greater
frequency in college, the student would potentially enter the clinical setting with a fuller
understanding of the working dynamics of effective collaboration without the insecurities and
preconceived notions which inexperience corroborates. Speculation only goes so far, hence a
segue into writings focused on academia is necessary.

**Academia**

Although I was unable to find any data-based OT literature in the search surrounding
academic preparations for collaboration, two conceptual pieces on collaborative intraprofessional
experiences in the realm of college programming were recently published (Costa et al., 2012;
Johnston et al., 2013). These articles avail the need for collaborative skill building among college
students. Current interest in this topic is indicative of the relevancy and need for research on
OTA/OT academic partnerships. The most recent ACOTE Standards (2012), which took effect in
July 2013, document over 10 items which pertain to collaborative working OTA/OT
relationships and/or supervisory responsibilities requisite for inclusion in occupational therapy curricular content. The fields of nursing and physical therapy do offer minimal data-based research surrounding team-based learning and development of preferred assistant/therapist relationships in classroom settings which may help to inform ideas for occupational therapy. The common thread of all conceptual and empirical literature consists of educational applications used to promote cooperation, such as partnering models, team-based learning initiatives and paired case study applications.

Geographical considerations most likely play a detrimental part in negotiating combined classes of assistant and therapy students whose programs are almost always on different campuses across the country. Also, in an already rigorous curriculum with differing schedules, commitments and programming, connecting these students can become a logistical impossibility. When it is feasible to schedule such meetings, generally a one-day offering where activities include case-based collaborations, panel presentations, lectures surrounding role delineations or role playing is part of the program (Coleman & Riley, 1997; Costa et al., 2012; Johnston et al., 2013; York & Gitlow-Archer, 1994). Nowhere in the literature was a semester-long course offered for therapy majors pertaining specifically to intraprofessional collaborations.

Scheerer (2001) suggested the use of a developmental partnering model in academia where OTA/OT student teams from two universities in Ohio were brought together for intraprofessional interaction, teamwork and collaboration through a series of educational activities. Topics covered in this three-tiered program included role delineations, collaborative case study and intervention planning, and developing professional and supervisory relationships. The author speculated that by “practicing interaction, teamwork and collaboration as students …lifetime habit[s] of partnering as practitioners” should transpire (p. 204). Therefore, engaging
in the tasks necessary for effective professional dynamics in college will ultimately provide strong foundational skills on which to build during working collaborations.

Of the empirical studies surrounding collaborative relationships in academia, three were isolated by me in nursing, one in PT and one in OT/PT. The combined therapy article more specifically addressed interprofessional relationships within college programs which house both majors (Cleary & Howell, 2003) and which is not the focus of my research. However, survey findings of 123 completed forms in this study showed better understanding and respect for each discipline by the other and collaboration among students as a benefit to interdisciplinary education. Although this investigates inter- rather than intraprofessional relationships, it seems to support the idea that respect and collaboration is promoted with educational efforts aimed at integration.

The nursing studies did not focus on intraprofessional leveled relationships either, but instead spoke to the notion of team-based learning (TBL) models. Clark et al. (2008) examined the use of TBL, a small group-based instructional strategy that ensures high levels of in-class engagement and increased teamwork. This study looked at improving methods of instruction where faculty-to-student ratios were disproportionate (1:200). Interestingly, findings indicated higher participation in the team-based model, but greater enjoyment with the control, straight lecture group. While true that being a passive participant in knowledge construction may be easier, I would question the learning which occurred in the team-based model versus the lecture control. Communication skills were found to increase in solving complex clinical problems using team-based learning models. Another nursing study set out to prove that student teaming is a viable educational strategy for preparing future nurses for intraprofessional collaboration (Yang et al., 2012). The researchers piloted a collaborative learning project with 83 undergraduate
community health nurses working in teams to explore epidemiology and intervention planning for public health issues. Findings demonstrated the students’ enhanced abilities to think critically, solve problems creatively and collaborate effectively. A final study out of nursing evaluated 48 students’ perceptions of team learning (Feingold, Cobb, Givens, Arnold, Joslin & Keller, 2008). While concerns were voiced regarding the stressors of being graded and how team members can affect grade outcomes, findings confirmed that team learning promoted student engagement and collaboration. These results further support the use of collaborative teaming for OTA/OT students within academia.

The PT education literature focuses on collaborative learning between 34 PT and 21 PTA students to determine the efficacy of an instructional model that promotes intraprofessional pairings to foster preferred relationships (Plack et al., 2006). This study is similar to the structure of Scheerer’s (2001) work with the Partnering Model. The techniques utilized in this three session format included role play, vignettes and discussions surrounding supervision and communication, as well as debate and problem solving using case studies. Both PTA/PT students felt more prepared to work as teams following participation in this module, and the PTAs recommended that each group have more opportunities to interact throughout their curriculum. These findings further support the viability of academic efforts at integrating students at both levels of practice while in college.

Now that all three areas of practice, clinical education and academia have been explored, further critique of the empirical studies is warranted to assess gaps in the literature which can inform research implications. My global overview will focus on strengths, weaknesses and considerations for future innovations in OTA/OT intraprofessional curricular focus and investigation.
Critique of Empirical Studies

In terms of the thematic areas identified (professional practice, clinical education and academia), five empirical articles in each area were isolated for examination. The following critique reflects comments and concerns surrounding some of those pieces, beginning with professional practice.

Dillon (2001) used convenience sampling in three states with a diverse sample of individuals who serve to represent the community which is occupational therapy in his evaluation of team pairings. This research is unique in its inception and execution to the field and affords useful information in support of communication, mutual respect and professionalism in effective collaborative pairings. It helps to dissect characteristics which help to define collaboration from an occupational therapy standpoint. While no other identified OT literature has specifically sought out perceptions from practicing therapists and assistants as to the skills required to collaborate, this is important information. I will compare Dillon’s outcomes with the findings of my research study of therapy and assistant students’ perceptions of collaboration in the discussion section of this dissertation.

The Johnson et al. (2000) survey piece was a graduate student contribution published in a peer-reviewed professional journal. Despite the sound questions posed by the researchers to assess OT-preparedness surrounding OTA supervision, more details would have been helpful. The 16-item questionnaire, while discussed in terms of content, did not have corresponding validity information. Also, in question is whether 16 items is enough to obtain relevant, and reliable data. Greater details would also have been appreciated within the context of my study as I considered the notion of supervision and attempted to better equip students to enter the field as practitioners who are ready to supervise and be supervised.
The two consecutive articles by Sweeney (2001) described pilot studies of five female OTs, prior to their follow-up main study, which manifested suggestions for alterations to the actual research, such as clarifying interview topics, adding topical prompts and revising the interview schedule. This indicates effective design and attempts to reduce outliers. However, in both studies, only female participants were included because “previous research had indicated that men and women supervise and receive supervision in different ways” (p. 339). Despite the fact that OT is a female-dominated field, this sample does not truly reflect or represent the diverse mix of OT practitioners. I anticipated the same problem with my sample, with a much greater populace of female students than males from which to pull. Demographic information surrounding research participants will follow in Chapter Three.

In reference to the clinical education literature, three of the qualitative studies seemed similar in formatting and structure as they examined intraprofessional teams of students engaged in fieldwork experiences together (Jung et al., 2002; Jung et al., 2008; Jelley et al., 2010). The numbers of paired teams were eight, seven and three. While it is helpful to investigate intraprofessional teams, the reader is left with the question of why not investigate multiple experiences of larger collectives of students in drawing conclusions based upon a greater pool of participants? Perhaps availability and logistics came in to play here.

Mathews et al. (2010) also studied two pairs of PTA/PT teams in a two-phase mixed methods study examining outcomes of shared fieldwork education and perceptions of the team experience. The first phase detailed development of the survey utilized in the study which was revised four times with content validity ratios completed at each phase. While this is important in demonstrating viability of the instrument, a less-is-more approach to discussion in this area may have increased the readability of the piece. Also, several other methods of information
collection, such as pre- and post-test examinations and summative essays, were utilized. In applying these comprehensive techniques aimed at informing the study’s questions, more than four participants may have garnered greater findings and thematic considerations. Is it possible to reach saturation when such a small sample is examined? This was my greatest fear as I attempted to generate interest for a research sample. Would those who are willing to participate afford diversity from the availed pool?

In terms of research within the realm of academia, the struggle was to find relevant research that looked at intraprofessional preparation. The nursing formats (Clark et al., 2008; Feingold et al., 2008; Yang et al., 2012) spoke to the notion of grouping same level (registered nursing) students while implementing team based learning techniques. Efforts were made to discover articles which addressed leveled collaborations, such as those of the registered nurse and the licensed practical nurse; however, none were found to inform the conundrum of intraprofessional collaboration in OT. Also, the instruments which were chosen for the quantitative study exploring collaborative learning in community health nursing, especially peer and faculty evaluations, seemed very subjective in nature (Yang et al., 2012).

In the Cleary and Howell (2003) study which examined OT/PT collaborations in universities which housed both majors, discrepancies were noted in the numbers of shared courses reported by the same universities. Also, disparate benefits, challenges and barriers were identified by the same universities, which seemed to indicate a lack of agreement between the OT and PT heads of programs in those institutions. This type of research makes me realize the potential logistical challenges, as I approached my research, trying to integrate several universities with different formats, semesters versus terms, differing schedules and various administrative channels. If only the therapy and assistant programs were contained within the
same university system, my efforts would have most certainly been less arduous. Curiously, few colleges are formatted to offer both assistant and therapy degrees in occupational therapy.

Another area of concern in the research of grouped students is selection processes. While some researchers used random selection methods (Feingold et al., 2008), others required “mandatory” participation because the course offering under investigation was required for the degree (Plack et al., 2006), and yet others divided students into groups using a predetermined criteria (Clark et al., 2008). One would presume that the term “mandatory” would be a sticking point for an Institutional Review Board, and the idea of using a predetermined criteria does not tend to reflect diversified, real-world grouping which occurs in the clinical arena. The one struggle I encountered was in isolating geographically approximated programs that were willing to work with me, and then finding the students who actually needed the elective credits to successfully matriculate to their degree. I opened the study for students to also audit, with approvals needed and obtained by college academic deans, in an effort to draw a larger sample, and received approval. This was done in an effort to increase my convenience sample and afford greater opportunities for information sharing from a larger group perspective. These herculean efforts still yielded a very small sample, necessitating searches for participants from two additional OTA programs. Challenges and barriers will be extrapolated in Chapter 4, as well as in the findings.

Despite the wide range of empirical literature found to support intraprofessional collaborations, obvious gaps were isolated to support and inform future research efforts. I found six total empirical studies in OT examining collaboration at the professional and clinical education levels, while I was unsuccessful at attempts to localize studies pertaining to intraprofessional teaming within academia. Clearly, efforts directed toward developing these
valuable intraprofessional relationships earlier in the educational process warrant closer investigation, research and publication. I now understand why this research has not been conducted in this way ever before as I encounter logistical challenges in the integration process. I suppose if research was easy, more people would be doing it.

**Reflective Critique**

An in-depth review of the empirical and conceptual literature which addresses intraprofessional collaborations in health care, especially in occupational therapy, has been provided. The purpose of the review has been met through the identification of empirical and conceptual work which has informed the concept of collaborative relationships within occupational therapy. Also identified are apparent gaps in the literature surrounding academic preparation for these important relationships. Years are dedicated to the teaching/learning of human anatomy, development, disease process and dysfunction in therapy college curricula to provide sound foundations for future practitioners. It would seem that supervisory and collaborative skill sets are not being developed to their fullest potential in academia.

The time has come to seriously consider innovative educational formats which promote face-to-face, virtual and other interactions of OTA/OT students, additionally using a mix of appropriate methods of contact mirroring those suggested via licensure, such as phone calls, computer email, skype and google, texting, Zoom and others. Research efforts to this point have found that collaborations produce positive results for the learners involved. Gaps in the current literature demonstrate a need for semester-long initiates aimed at promoting preferred relationships, those which are grounded in dynamic dialogue, mutual respect, professionalism and teaching/learning reciprocity. So where do I go from here? What does this comprehensive view of the literature as it specifically speaks to my proposed research all mean?
Summation

As the purpose of my study is to develop an innovative college elective with OT/OTA students from different universities which examines skill development related to effective supervisory, collaborative and intraprofessional relationships, this research adds significant knowledge to the fields of situated pedagogy, adult education, and occupational therapy. My intent with this chapter has been to review relevant literature within situativity paradigms (specifically situated learning), about collaboration specific to education and occupational therapy relationships, and surrounding the preexisting professional literature on intraprofessional collaboration. In doing so, I have also been able to capture the lack of empirically-based evidence on the collaborative nature of occupational therapy practitioner dynamics.

The literature supports the social nature of learning and collaboration as a social phenomenon, the positive effects of collaboration for not only the collaborators but also for the populations whom they serve, and the mandates for collaboration in occupational therapy practice between therapists and assistants. Missing in the literature are research studies which help to define and inform how OT/OTA students learn to collaborate and how this translates to fieldwork and professional forums.

As students consume very expensive college and university educations, an expectation should exist for the highest quality delivery for the dollar. I suggest that innovative academic programming can afford great opportunity to optimize best educational practice by examining these pivotal, necessary intraprofessional, collaborative relationships which can lead to happier work lives and top of license therapy practice. Chapter Three will discuss the methodology of my doctoral inquiry which viewed collaborative processes through a SL lens across an action research study.
CHAPTER THREE: METHODOLOGY

Innovations in higher education, specifically in occupational therapy academia, aim to actively integrate the learner, to explore information in new and dynamic ways and to create different means of looking at a problem or area of practice. Creating a college elective with occupational therapy graduate students and undergraduate assistant students from four separate university systems was a unique opportunity to address the notion of partnered collaboration while working toward common goals. The purpose of this study was to actively integrate these students in academia to examine skill development related to effective supervisory, collaborative intraprofessional relationships.

A study of 22 pairs of certified occupational therapy assistant/occupational therapist teams revealed that effective communication, mutual respect and professionalism are key behaviors for successful collaboration (Dillon, 2001). Comprehensive literature searches have accessed information regarding these team pairings within the context of fieldwork education and practice, but a paucity of conceptual offerings and no empirical research is availed to support academic efforts at fostering the necessary skills of communication, trust, shared interests and goals, as well as a knowledge of expectations and roles (Steinkogler, Leibl & Seemuller, 2012). Accreditation mandates require that this form of skill building be taught in academic settings, but questions arise as to how and if OT educators are integrating the concepts of role delineation, effective communication, conflict resolution, teamwork and partnerships with professional OT counterparts into the curriculum. The absence of empirical findings in the literature suggested intraprofessional collaboration in academia as a highly viable area for investigation.
The following questions guided this exploration of student OT/OTA collaborators, who integrated for a full semester/term of teamed, cooperative student-driven discourse and activity:

(1) How do OT/OTA students negotiate supervisory and intraprofessional relationships, and what are their perceptions of role delineation, teaming and successful collaboration?

(2) How does the learner-centered/participatory design of an OT/OTA elective with students from different universities contribute to the promotion of intraprofessional collaboration?

(3) How does the learner-centered/participatory design of an OT/OTA elective with students from different universities contribute to the promotion of intraprofessional collaboration?

(4) What is learned from this action research study that will inform ways to promote effective communities of practice for OT/OTAs?

In pursuit of answers to these questions, qualitative research was my chosen kind of exploration with action research design directing the endeavor. To fully understand the investigative process holistically, I will thoroughly discuss qualitative research, respective of assumptions as to the nature of knowledge, the role of researcher and collaborators, and the foundational support for the use of action research. I will then extrapolate on the specifics of action research, detailing how this method of inquiry is well suited in occupational therapy academia. Important to every research undertaking is the background of the researcher, the distinct experiences and interests which he/she brings to the study, and the relevance which this perspective gives to the overall experience. My ethos, as a researcher, educator and learner, will be discussed prior to specifics surrounding the study. I will detail the selection processes and rationale for participation. Informed consent and ethical considerations of this qualitative research will be outlined. A description of the data analysis procedures as related to action research will afford clarity in understanding the means to the end, the findings of the study. Finally, I will describe the
methods for addressing bias such as member checking, triangulation, multiple sourcing and coders, peer debriefing and external auditing (Lietman, 2013; Yilmaz, 2013) as my intentional and thoughtfully chosen measures to increase trustworthiness and credibility.

Qualitative research methods can provide rich information toward understanding a phenomenon. In reference to this study, the phenomenon was the academic development of collaborative intraprofessional relationships between future occupational therapists and assistants. The qualitative research paradigm drove the type, action research, in terms of assumptions surrounding knowledge construction and reality, and helped to delineate specifics related to the course of the investigative process. A strong foundational understanding of the research paradigm will girder the details and nuances of the action research format as it was breathed to life within academic occupational therapy settings.

**Qualitative Paradigm and Action Research**

Researchers are often compelled by questions affecting their practice, promoting their passions, impacting a community, or addressing a perceived area in need of change. In addition to the driving motivation, the paradigm of choice is based upon the researcher’s stance on knowledge formation or epistemology, on her view of reality or ontology and on a guiding theoretical perspective (Koro-Ljungberg, Yendol-Hoppey, Smith & Hayes, 2009). Each type of research methodology carries specific philosophical assumptions, strategies of inquiry, means of data collection, analysis and interpretation (Creswell, 2009). Inquiry in the qualitative realm espouses historical roots in anthropology, sociology and clinical psychology, with the advent of its application in social science and education in the last quarter century (Merriam, 2002). This approach is antithetical to empiricism coming out of the hard sciences, such as medicine, where deductive inquiry in the form of quantitative research is conducted by gathering numerical data and
testing hypotheses (Lichtman, 2013). The view of knowledge construction and reality are often different in the soft science of education, ultimately guiding investigative efforts. Research, in either instance, is defined as the purposive and systematic means of understanding problems and questions within a field or discipline (McMillan, 2000). Occupational therapy (OT) instruction in higher education bridges the realms of hard and soft sciences. Understanding the nuances of collaboration between therapy and assistant students and how effective intraprofessional relationships are facilitated in academia are social phenomena. The perceptions of the group, or community of adult learners, is key to skill development, forming social networks for learning and for problem solving within prescribed contexts, leading ultimately to greater proficiency in the professional setting. It is in this light that qualitative research has been chosen as the appropriate fit for investigating these socially constructed relationships.

The Nature of Knowledge: Epistemology, Ontology and Theory

Qualitative research can be formally defined as an “…inductive, interpretive and naturalistic…study of people, cases, phenomena, social situations and processes in their natural settings in order to reveal, in descriptive terms, the meanings that people attach to their experiences” (Yilmaz, 2013). While quantitative research can be conducted in a laboratory or controlled setting, qualitative methods seek to understand holistically, via sights, sounds, images, peoples’ perceptions of their situations in the very environments where they learn, work, and live. From the qualitative researcher’s vantage point, epistemological questions directly relate to the ontology of how knowledge is created in a social world. The epistemological stance is the belief about and defensive of how knowledge was created in the research process (Horvat, 2013). With qualitative inquiry, social reality is seen as relational and subjective in nature, affording multiple realities ontologically
from which the research product is born. This is ideal in looking at the relational qualities necessary for effective intraprofessional teaming in occupational therapy.

Epistemology is intimately linked to theory. Within qualitative research, social theory is always part of the process (Hesse-Biber & Levy, 2006). Theoretical perspectives are seen by some as a stance to inform methodology with examples of classifications including positivist, interpretivist, critical and pluralist offered, to name a few (Koro-Lungber et al., 2009). In contrast to the quantitative positivist stance, qualitative interpretive perspectives are based on understanding interactions, social meaning created during these interactions and relationships between the researcher and the research participants who are collaborators in the endeavor (Hesse-Biber & Leavy, 2006). In this way, research is motivated toward understanding people’s perspectives about a phenomenon as it is experienced collectively.

Under the umbrella of qualitative research reside basic and applied typologies. While basic research endeavors toward knowledge construction, applied research is undertaken to improve practice in a given field (Merriam, 2009). Action research is a type of applied research, endeavoring to integrate doing and change, a “systematic process of practitioner problem posing and problem solving” (Kuhne & Quigley, 1997). This study will employ a qualitative, applied, interpretive stance using an action research typology. While the epistemological and ontological assumptions of qualitative modes of inquiry have been extrapolated, further discussion surrounding general assumptions, as well as details regarding purpose, process, product, practitioner and players is merited.

**Nature of Qualitative and Action Research**

Because qualitative research endeavors to understand human experiences, the “variables” of relationships, interactions, perceptions are as complicated and diverse as the people involved.
For this reason, phenomena are viewed as complex, interwoven and difficult to measure, supporting observation, interaction, integration and detailed description in the process to afford understanding (Yilmaz, 2013). Investigation is also value-bound with primacy of subject matter being a key assumption in this mode of inquiry. So what then are other distinguishing features of qualitative methodology?

**Qualitative Research: Purpose, Process, and Product.** Qualitative research endeavors “to describe, understand, and interpret human phenomena, human interaction or human discourse…[affording] descriptive accounts…to bring understanding…and meaning [to the experience]” (Lichtman, 2013, p. 17). Unlike quantitative positivist formats where testing hypotheses deductively is important, qualitative investigators approach inquiry inductively, gathering data to build concepts or to solve problems. Inductive reasoning is a way of logically approaching a problem from the bottom up, from concrete to abstract or from specific raw data to thematic categories or concepts. This type of problem solving is multidimensional and iterative (Marshall & Rossman, 2011). The purpose is, then, to comprehensively understand what the world looks and feels like for people functioning within a given context and setting (Merriam, 2002). Just as the purpose is specific and unique to qualitative research, so too is the process.

Human nature is ever changing, interacting dynamically, as is the ilk of qualitative research. While the approach is deliberate and somewhat systematic, the process is intended to be fluid, evolving, flexible and general (McMillan, 2000). As human or naturalistic conditions vary, interactions occur, needs arise, the research is wholly integrated in the process and acquiesces to those changes and modifications. Qualitative research does not focus on only one way of doing; instead, many traditions inform investigation, guiding questions and ways to answer these questions (Lichtman, 2013). Multiple types of inquiry afford multiple means to achieve understanding.
Strategies provide particulars for data collection, analysis and writing and are classified as diversely as the writers themselves: “28 approaches by Tesch (1990), the 19 types in Wolcott’s (2001) tree, and the 5 approaches to qualitative inquiry by Creswell (2007)” (Creswell, 2009, p. 176). Merriam (2009) additionally offers five types, including phenomenology, ethnography, grounded theory, narrative analysis, and critical research. Action research often falls under the mode of critical research because of its emphasis on empowering, involving and integrating people in the process of phenomenological change or improvement. Research typology dictates the product, regarding problem identification, purpose, data collection and approach.

The product can be viewed metaphorically as a beautifully wrapped present. Packages are meant to be opened, experienced, shared, much like the findings from a study which come out as the end product. Ultimately, knowledge is not to be kept, but instead extrapolated for use by others in related practice areas. Like the well-chosen gift, thoughtful consideration goes into the end product, from the initial posing of the right questions, to the selection of environments, methods of data collection, through the coding and interpretive processes which inform understanding. An interesting characteristic which sets qualitative inquiry apart from others is that there are many answers to the questions posed, and in this reflexive interpretivist craft, frequently there is a going back and forth between initial questions, process and new questions, as factors impact the study and evolutionary decisions are made as the process moves forward (Horvat, 2013). Environmental selection is question- and problem-dependent, specific and authentic to the phenomena being studied. Given that mine was a qualitative study with an action research typology, it was important to consider these assumptions, as they served to inform the direction, practices and techniques of the doctoral investigation.
Action Research: Assumptions and Driving Tenets. Qualitative research is a consummate fit, affording foundational principles in support of action research (AR) in terms of epistemological, ontological, practice tenets and focus. The naturalistic emphasis of learning within the authentic environments and contexts is specific to AR typologies. The purpose of gaining insights to help solve problems is corollary. Qualitative inquiry is fluid and ever changing, as is the spiral of action cycles which are characteristic of AR (Kuhne & Quigley, 1997). Despite having a reputation as being the antithesis of neat, orderly and predictable, AR can be an excellent methodological choice effecting dynamic change where challenges and the people who deal with them coexist, yet another defining fundamental of qualitative inquiry.

Action research is a member of the family of collaborative inquiry (CI). Collaborative methods focus on learning from experience, bring small groups of participants together to address a compelling question while engaging in cycles of reflection and action within authentic environments (Kasl & Yorks, 2002). CI is one of many methodologies that are experience-based and action-oriented. Collaborative approaches take seriously the role of all participants in shaping the research. How incredibly apropos to learn how to collaborate, as in an innovative OTA/OT elective course, while being part of a dynamic research study which utilizes collaboration to drive process!

Under the umbrella of CI lives the classification of AR, among others (Herr & Anderson, 2005). Nomenclature at this juncture can muddy the waters. Within the collaborative family live many different forms of applied research utilized, based upon the intended questions, purposes or problems, positionalities, ideological beliefs and theoretical frames of reference. Depending upon the author, some coin the term participatory action research, others collaborative action research and
still others collaborative inquiry, yet a widely used term for all of these continues to be action research (Quigley, 1997).

Herr and Anderson (2005) concur that, from a pragmatic perspective, action research is a universally used term in many disciplines and fields of study, and articulates the process as oriented to some action or cycle of actions that a group is taking to address a problematic situation. These problems are driven from the perceptions of practitioners within authentic, local contexts (Argyris & Schon, 1991). Who better to know what needs to be changed or improved upon than individuals living among the challenges of everyday life. Unlike many traditional forms of social science research that avoid intervening in the setting, AR embraces and demands intervention in the form of spirals of action cycles which include planning, acting, observing, and reflecting in efforts toward problem resolution (Herr & Anderson, 2005). Once a cycle has been completed, the stakeholders who include the researcher and participants, implement modifications or changes to the initial approach to refine problem-solving efforts, and so continues the dynamic mobilization toward solutions to the articulated problems. When the goal is innovation and modification, AR uses “reflection and inquiry as a way of understanding the conditions that support or inhibit change, the nature of the change/intervention, the process of change and the results of the attempt to change” which are collaborative in nature (Clift, Veal, Johnson & Holland, 1990, pp. 54-55). Understanding the nuances of AR will afford clarity.

Depending upon the driving epistemological values, action research is rooted in activism and/or practice innovation. Some feel that action research speaks less to a process and more to a philosophy that emphasizes social change in the midst of practice (Atkins & Wallance, 2012). For the sake of this study, a change in educational practices was the goal, as students were empowered to construct their learning and interventions strategies together. Here, the importance of
“practitioner-directed, action research…[as] part of the moral responsibility of serving learners” was key (Quigley, 1997). Participants and researchers interacted and problem solved collectively to inductively understand a perceived issue, OTA/OT collaborative relationships for example, and to create solutions to change and transform practice. Outcomes focused on personal and professional growth for all involved, challenges to the status quo, collaborative methods throughout the spiral of action toward solutions and equal voice and footing to stakeholders in the process (Herr & Anderson, 2005). The notion of reciprocity where researcher and participants have an emic, or insider, perspective surrounding the issue and work cooperatively, helps to diminish power perceptions, affords multiple ideas and perspectives, and views stakeholders as active change agents whose experience lends to suggestions and understandings of the problem under investigation.

Academia, in its ascribed aims to be forward thinking, innovative and research-oriented, sometimes fails to see problems that reside in its own front yard while trying to avoid being myopic. In the field of occupational therapy, the time has come to assess what is truly happening in the college classroom to meet accreditation standards, student learning objectives, and professional mandates regarding intraprofessional collaboration. AR is a grassroots mechanism for exploring and understanding exactly how this phenomenon develops, fails, mobilizes and, hopefully, ultimately succeeds. Given that the researcher has a crucial role in this process, an understanding of my background, personal ethos and stance is pivotal. A general description of researcher roles initiates the discussion in framing the personal and professional perspectives which explain my positionality, motivations and acknowledge my potential biases openly.

**Background of the Researcher**

The researcher in qualitative inquiry is “…the primary instrument of data collection and analysis” (Merriam, 2009). In this way, I am able to modify approach, understand the complexities
of human dynamics, process information, integrate with the stakeholders and check for accuracy of interpretation throughout. This role is viewed as long-term and highly involved (McMillan, 2000). Close relationships are especially true if the researcher is positioned inside the situation, engaging cooperatively, and referred to as an emic perspective (Merriam, 2009). The researcher is viewed as a mutual collaborator, fellow stakeholder in the process of discovery. A trusting and empathetic relationship is pivotal when conducting inquiry from within the context and environment, to foster authenticity, a willingness and openness for participants to freely engage and to see the experience from a value-laden stance. The subjectivity of the qualitative observer guides understanding of the problem or phenomenon. All information is seen through the eyes and ears of the researcher, and is influenced by her experience, knowledge, background, positionality and motivations. The applied researcher is referred to as practitioner (Campbell, McNamara & Gilroy, 2004).

In my adult life, I have worn many figurative hats in the realm of learning, teaching and occupational therapy. As a college student, graduate student and doctoral candidate, I have lived on the other side of instruction in formal educational systems. I have also enjoyed self-directed experiences informally in pursuit of knowledge surrounding my various passions. As an instructor in higher education, I endeavor to tap into the experiences and needs of my students to facilitate meaningful, hands-on, dynamic learning. In my capacity as an occupational therapy practitioner, I am charged with the responsibility of rehabilitating my clients by teaching or re-teaching them lost skills for greater independence in their daily activities.

While learning either formally or informally, I employ logic in problem solving activities which are experientially driven and attempt to provide meaning through context and application of engaged exploration with others. I can be highly self-directed and am an impassioned learner, experimenting until the most appropriate solutions or answers are discovered.
In terms of epistemology as an educator, I feel that knowledge acquisition is most successful when socially situated, and while meaningful dialogue and problem solving are shared among the participants equally in the learning environment. By affording opportunities for students to interact and solve problems together, sensory, cognitive and motor experiences integrate to formulate knowledge. Metaphysically, I view each learner’s experiences as unique and distinct, and incorporate them to increase relevancy and to further the understanding of given ideas or topics through cooperation. My task as an educator is one of fellow collaborator and learner.

In my role as therapist, I endeavor to be empathetic to the needs and goals of my treatment populations. A great emphasis on their functional goals is centered on the activities and skills which are most important to them. Treatment is highly context specific and is socially driven with interactions afforded between therapist and client, as well as client to other clients to promote learning and to provide emotional support. I have also been trained and worked as a certified occupational therapy assistant prior to being a therapist. This experience afforded the distinct perspective of being on both sides of the supervisory, collaborative process. A vast array of opportunities in higher education and in the field of occupational therapy have led to my passionate pursuit of this research, having lived the roles of student, assistant, therapist, professor and researcher. These multi-faceted experiences have informed my understanding of the current problems, short-comings, needs and feelings of the population to be examined within the context of academia.

As an out-of-the-box thinker, I strive to promote innovations in the classroom for my occupational therapy students. Dynamic, creative and often entertaining ways to bring content to life while instilling relevance in learned skills is always my aim. While we generally assume that students enter fieldwork and clinical practice knowing how to collaborate, it is a skill set which
must be learned through discussion, integration with others, and practical experience. As an assistant who sometimes tenuously walked on proverbial egg shells around supervising therapists, or who struggled to engage a resistant assistant as a supervising therapist, I realize how I would have benefitted from a class which integrated assistant and therapy students to learn about conflict resolution, effective communication, team building, role delineations and so on. It is in this light that I endeavor to bridge gaps for future OT/OTA teams in the arena of intraprofessional collaboration. When teams fail, their treatment populations suffer the consequences. This research espouses to advocate for OT/OTA students and their future clients who ultimately stand to benefit.

Where then, and how were these students isolated to participate in the study?

**Participant Selection**

In an effort to explore the dynamic collaborative relationships between therapy and assistant students while they learned intraprofessional efficacy, my inquiry aimed at creating an atmosphere conducive to active assimilation and integration through AR cycles of planning, acting, observing and reflecting. In this method all students constructed their experiences together. Terminology varies from quantitative to qualitative methods regarding the sample or those who are part of the study’s “players.” Participants generally make up large quantitative, representative samples, while smaller, nonrepresentative, purposive sampling is indicative of qualitative practices (McMillan, 2000). On the subtype of research being conducted, participants are referred to as actors, collaborators or stakeholders in the process, as is the case in action research (Sanger, 1996). For the sake of this study, the participants will be named students, learners, collaborators and/or stakeholders. So how then were the research collaborators chosen in a purposive manner?

Initially, two geographically close university/college systems were hand selected by the researcher in efforts to decrease logistical, travel and access issues. Both schools are located in the
south central portion of the state, and each had been fully accredited or were in process of full accreditation by the American Occupational Therapy Accreditation Board. The therapy program offered a Master’s Entry-Level program of study in occupational therapy, while the assistant program provided an associate degree in the same field. The elective course was originally intended for Masters therapy students (from College A) and sophomore assistant students (from College B), deliberately chosen as such for their working understanding of the rudiments of the profession and their close proximity to full matriculation of their specific degrees. In an effort to gain participants for the study, a script was written (Appendix C) and delivered to eligible students in both schools. Prior to this, the process of gaining access to the OTA program proved rigorous and took over one year of work, meeting with the College President, Director of the Occupational Therapy Assistant Program and seeking approvals through the Dean of Curriculum before access to the students was permitted. While this effort in the assistant program elicited a small sample of 4 participants, additional convenience methods isolated two other accredited OTA programs that were willing to integrate in the study and whose directors were professional colleagues of mine.

In the graduate therapy program, electives were chosen via a lottery system with students in a pool with their peers vying for spots in three different options offered in the Fall of 2015 semester, the OT/OTA Collaborative being one of them. The class was capped at 15 students to afford smaller, more intimate classroom activities and group sizes that promoted relationship building. The assistant students from College B were availed slots in an Independent Study Elective and were registered on a first come, first served basis. In an attempt to afford more assistant students to participate who did not need further elective credits for their degree requirements, the Dean of Education at participating College B granted permission for students to voluntarily audit the course at no cost as well. The hope was that enough students would register from both college
systems to enable at least 10 pairs or teams of OT/OTA students. These efforts yielded 14 OTS and 4 OTAS. As the number of participants was top-heavy with therapy students, two other colleges with OTA Programs (Identified as C and D), and which were within a one hundred mile radius from the other participating colleges, were contacted for inclusion in the research elective through convenience sampling methods. Those students were enrolled in their preexisting courses for the Fall of 2015, one in a physical rehabilitation practice class (College C) and the other in a management course (College D). These additional two programs’ adult learners interacted periodically with the OT/OTA students (from A and B Colleges) who were enrolled in the full-time elective called *Intraprofessional Collaboration: OT/OTA Academic Innovation* for the extent of the Fall 2015 semester/term. A total of 64 participants/collaborators/stakeholders/students/learners took part in this qualitative action research study. Chapter Four will provide details of the participants from each of the four college systems and the mechanisms by which they interfaced and integrated for the goal of learning about intraprofessional collaboration.

Due to the nature of the academic environments, collaborators were at least 18 years of age, had met all requirements for admission and prerequisites to this juncture, and were informed of the research nature of this elective. Any time humans are integrated in systematic inquiry, morality, safety, confidentiality, privacy and respect are ethical concerns which must be carefully addressed and documented throughout the process (Edwards & Mauthner, 2012). Carefully detailed documents were crafted outlining the purpose, research questions, intent, confidentiality measures and consent of the stakeholders surrounding involvement in the research. Collaborators were informed at the outset of their rights, were given the opportunity to review said documents and were given the option to participate on the first day of class via a confidential signing of the documents. Those students who opted to participate remained unknown to the researcher until after final grades
were submitted to protect the students from the feeling of coercion due to grading. Consent forms and interview questions can be found in Appendices D and E of this dissertation.

Additionally, Institutional Review Boards (IRB) are mandated in situations funded by federal agencies to review research proposals involving humans to ensure the benefits of the study outweigh the risks, the consent procedures are drawn, and fair and safe treatment will be provided (Hesse-Biber & Levy, 2006). In an elective course pairing OTA/OT students, IRB approval is required prior to beginning the participatory action research study by the hosting university, and each cooperating system. While The Pennsylvania State University is the doctoral degree granting institution through which my research was developed, a full IRB was completed with exempt status given by the governing body (Appendix F). The cooperating institution, College A, required a joint IRBs approval via administrative and systematic review, via IRBNet (Appendix G). The three cooperating OTA Programs did not have IRB Systems in place, and instead signed off on the primary IRB through The Pennsylvania State University (Appendix H). Each IRB and all cooperating documents were fully in place prior to the start of the Fall 2015 semester. As part of the review process, details of the research were provided at the outset to Colleges A, B, C and D, inclusive of data collection and analysis methods.

**Data Collection Methods in the Spiral of Action Research**

Action research begins with an interest in a particular area of practice or with a group who is trying to solve problems. In this method, purposive sampling as described heretofore is utilized in pulling together the stakeholders whose cultural, historical and social interests relate to the issue under investigation, in this instance intraprofessional collaborations in occupational therapy. Once the group is assembled, some form of consensus is required in directing the work. Kuhne and Quigley (1997) conceptualize a multi-step process to the spiral of action integrated within phases of
planning, action, observing and reflection. This type of inquiry often leads to several cycles of problem posing, intervention planning, observation and problem solving to successfully address identified issues as they are actively experienced. This spiral of steps toward problem-solving consists of planning, action and fact-finding and can be attributed to the works of Lewin and Dewey (Reason & Bradbury, 2008). Discussion of what transpired at each phase or cycle of this inquiry is warranted.

Planning

To promote the purpose of the given research, I facilitated lengthy discussions in phase one or planning in isolating and understanding the problem, defining the scope of the project and determining data collection methods and timelines. Gaining a grasp of the problem from the outset is pivotal and is a role that I, as the researcher, helped to isolate. For this study, the problem globally centered on the perceived need to actually integrate assistant and therapy students in an effort to have them learn the skills of collaboration through study, practice, activities and processing of information which is mandated via accreditation, licensure and practice regulations. While identifying the nuances of the problem may seem obvious, it can be a complicated, but essential, first step. Isolating an approach to the central problem can be achieved through dialogue, negotiation, consensus and prioritizing to provide direction for the project (Schensul & Schensul, 1992). This is exactly what the collaborators set out to do, guided by the over-arching purpose of the study which focused on skill development related to effective supervisory, collaborative and intraprofessional relationships.

Evolving syllabus and course direction

For this study, the assistant students’ programming occurred over a term system (College B) as well as semester duration (Colleges C and D), while the graduate students (College A)
functioned within a semester allocation. Colleges A and B were integrated directly in a face to face format for the duration of the semester/term, while the other two cooperating institutions interfaced in both face to face and virtual mechanisms. In order to facilitate planning, integrating all voices in the process, I met with College B students in advance of the graduate students. In doing so, the assistant students’ thoughts, opinions, concerns and ideas were integrated with those of the graduate students’ in co-creating the course content, direction, learning experiences and assessment criteria from the outset.

While American Occupational Therapy Accreditation Standards and course objectives, as mandated by the university/college systems, provided the skeletal foundations, the nature of AR is one that promoted surrender of the course control by the instructor/researcher, and gave it to the stakeholders, a notion that I initially found to be both exhilarating and absolutely frightening. A preliminary syllabus outlining the stated standards and objectives was completed and issued (Appendix I) by me, with the week-at-a-glance experiences and activities to be determined by the collaborators. The initial syllabus made clear the high degree of active engagement and cooperation required throughout the course, the new, learner-centered way of developing the content based upon student needs and input, and some ideas of potential activities which could promote learning of intraprofessional supervision and collaboration. The syllabus was designed to be modified as the semester moved forward and as new ideas and interventions arose to address the research problem, purpose and questions (Appendix J).

**Collaborative Teaming**

Graduate therapy and undergraduate assistant students, along with the researcher, decided from the outset how teaming was integrated and supported throughout the semester. Much of the teamed structure was dependent upon how many of each level of students registered for the course.
While a 1:1 ratio of therapist to assistant student was assumed to be neat, ideal and least problematic in terms of data analysis, the configurations of groups were dependent upon the numbers of registered collaborators. Once the teams were determined, they remained unchanged throughout the duration of the semester to promote the development of relationships, communication skills and trust. Groups within the face-to-face elective combining College A and B were self-selected by the students, while teaming of Colleges C and D with A were randomly assigned by myself and the professors of the pre-existing OTA courses. A 7:2 ratio of OT:OTA students was decided by Colleges A and B.

Surveys and Questionnaires

While a survey design generally provides a quantitative or numerically-based system of results of a population (Creswell, 2009), I utilized a survey/questionnaire at the outset and at the conclusion of the course to ascertain qualitative information of the students’ perceptions, demographics and an understanding of collaboration. Their notion of the definition of collaborative teaming, understanding of role delineations among assistants and therapists, the ethical and legal mandates for working together and so on were formatted in a combination Lickert scale and narrative inquiry (Appendices K and L).

I was interested in the students’ fears, anxieties, apprehensions, general knowledge, perceptions surrounding teaming and preparedness to collaborate, as well as how they anticipated and then approached conflict situations, how they negotiated intraprofessional dynamics and what they felt their role is in fostering or advocating for intraprofessional collaboration framed the questions. I constructed a self-assessment survey/questionnaire that was administered to every stakeholder at the outset of the study and then again at the conclusion of the research. This information served two purposes. First, the initial results helped to identify feelings, beliefs, values
and ideas surrounding intraprofessional collaboration, the findings of which helped to shape the direction of the course per the collaborators. Second, by conducting an initial and a conclusive survey, I had comparative data to show growth, change and insights across the research endeavor.

Readings and Documents

I provided the students with the accreditation standards for occupational therapy educational programming, as well as other documents focused on professional ethics and role delineations for therapists and assistants. These formats were utilized to help facilitate dialogue, planning and interventions throughout the course to direct teaming and responsibilities per mandated standards. The documents also framed activities, exercises and learning tasks to reinforce the idea of collaboration and teamed integration as mandated by the profession and the licensing and regulatory bodies. The assigned readings were either posted on Canvas, College A’s form of interfacing, or hard copied and distributed for the OTA students whose IT Interfacing Platforms were all purposely different and segregated to allow for the use by only their individuated student bodies. A list of the readings and resources are listed in the syllabi (Appendix J).

Service Learning and Community Outreach Project

To promote the idea of a Community of Practice or CoP under which the situated learning lens guided this exploration, students were asked to integrate as collaborative teams to plan and carry out a service project/seminar by the culmination of the semester. This process was fully designed to integrate the ideas of team building, verbal and nonverbal communication skills, conflict resolution strategies and cooperation content learned throughout the experience to meet a common goal of service. The additional benefit of this exercise was to integrate the teams in real-world environments and contexts, similar to those in which they will function as professionals. By collaborating together to develop a program for their peers at College C, the students in the elective
(from Colleges A and B) worked toward a common goal, putting into practice the notion of intraprofessional collaboration (Appendix M).

Another project which College A did with College D, was a non-structured collaborative integration to accomplish a structured marketing project. The assignment was a requirement of the OTA program and involved a creative and evidence-based exploration and design of a dream OT clinical setting. The graduate and the assistant students were paired and tasked with intraprofessional formal and informal collaboration and with the completion of a group assignment that was co-presented at the end of the semester.

**Critical Incident Questionnaires/Self Assessments**

The student teams were asked to periodically evaluate the process of their learning to aid in the ongoing cycles of planning, action, and reflection native to the AR method. These self-reflections or Critical Incident Questionnaires (CIQ) were structured in such a way that all collaborators had a collective voice in the direction of the research and the types of interventions to be implemented. Critical analysis of learning while engaged in the process not only helped the collaborators to metacognitively understand his/her process, but also attempted to empower the adult learner, giving him/her a voice and a sense of self-confidence as active engagement in the process occurred (Brookfield, 2005). These CIQ were formatted from the original Brookfield questionnaires (Appendix N).

**Interviews**

While interviews can range from highly structured to completely unstructured, I conducted semistructured interviews of 6 therapy and 6 assistant students at the culmination of the experience. Six graduate students were randomly selected, as well as two OTA students from each of the three cooperating institutions. Ten of the 12 interviews were conducted in person, while 2 were done over
the phone due to scheduling and distance constraints. All interviews were recorded on digital recording devices, and then uploaded into my computer for transcription. My semistructured interview fell between the structured and unstructured types of interviews, in that it contained “a mix of more and less structured questions…guided by a list of questions or issues to be explored” (Merriam, 2002). The one-to-one interviews sought to ascertain specific data related to the study’s purpose from each collaborator and naturally evolved in no particular order (Merriam, 2009). This data collection method allowed for the collaborators to independently and openly express his/her true feelings on the intraprofessional collaborative course experience and afforded them a voice in describing their journey, cooperative efforts and overall perceptions. Interviews were conducted after the grades for the elective course had been submitted. I transcribed all twelve interviews myself to provide a richer immersion into the expressions of the dialogue. The transcripts were then coded and themed to describe the results as they applied to my very specific dissertation research questions. I was extremely fortunate to have a doctorally prepared (D. Ed), occupational therapist who consulted as my blind coder to ensure that my memos, codes, themes and findings were on point, clean, trustworthy and accurate. During this process, I also utilized member checking to ensure that my interpretations of the interviewees’ comments were correct. These forms of authentification will be discussed shortly.

**Journaling and Other Options**

Understanding the lived experience of the participants through data can be accomplished using a wide array of modalities. Research journals, field notes, logs, portfolio, questionnaires, and polling were just a few options which served to provide meaningful data, the themes of which helped the emic researcher to better understand the phenomenon of intraprofessional collaborations at the academic level (Herr & Anderson, 2005; Kuhne & Quigley, 1997). Sample journal talking
points can be found in Appendix O. Of these options, and due to the integrative nature of the AR study with the collaborators taking on decision-making responsibilities as part of the process, field notes and journaling were selected by the stakeholders, and were supplemented with critical incident questionnaires, AOTA polls, and other classroom driven exercises. Once the initial decisions were made regarding the nuances of the problem, the direction and approach of the course, and the activities and data collection methods, the spiraling dynamics of action began.

**Acting and Observing**

The action phase of the research occurred in the implementation of co-constructed plans made in phase one and in the day-to-day living out of the project and data collection measures. Critical reflection, self-assessment and re-evaluation were pivotal throughout the process, affording opportunities to make suggested modifications to the given techniques or interventions as needed. Fastidious examination of the data at this phase was imperative to see what the data revealed about the problem. For example, suggestions on the CIQs and in the journal entries by the collaborators guided the steps for future content, activities and interventions. Another example, I used interviews and as part of the process, open, then axial coding helped to fracture the content of what was said, and allowed me to rebuild common ideas or themes to make new connections (Merriam, 2002). Coding allows the researcher to make the data more manageable, ultimately leading to insights surrounding the problem (Anderson, Herr & Nihlen, 2007). At this juncture, modifications to the cycle of action were made, new problems or questions surfaced, warranting examination, and new intervention strategies using trial and error methods were implemented.

Throughout the process, my intent as the co-collaborator and emic researcher and educator was to expose the student stakeholders to active problem-solving and critical thinking while engaging cooperatively to learn about collaboration. Guest speakers, such as a communications
professor, were summoned to share their insights and perspectives on such ideas as effective 
communication styles, reframing the way one thinks about and approaches colleagues, and conflict 
resolution strategies with the burgeoning collaborators. As an adult educator, I was also concerned 
about equalizing power structures in the classroom. While leveling in a classroom or profession 
naturally accentuates difference, I entered into this endeavor attempting to equalize all voices, all 
persons, all ideas, all interactions, all power by modeling mutual respect, active listening, and 
dialogue surrounding the notions of power and what that means for intraprofessional relationships. 
Group norms were established at the outset of the elective which helped to guide behaviors and 
actions. These norms will be discussed in detail in Chapter Four. As the collaborators engaged 
throughout the semester, combining as teams in each of their respective academic settings and in the 
community, they were afforded opportunities to practice the skills they were learning in the various 
service projects and activities they had chosen.

Under the theoretical lens of situated learning, Lave (1991) describes learning as a “social 
phenomenon constituted in the experienced, lived-in world, …[where] skill is subsumed in 
processes of changing identity in and through membership in a community of practitioners” (p. 64). 
Case in point, the academic constituent of OTA/OT students, who engaged in tasks and projects 
collaboratively within their college environments and in the local community, served as a CoP. 
Along with me, their instructor/co-collaborator/fellow stakeholder, and all of the individuals with 
whom they came in contact throughout the semester-long learning endeavor, this group held 
collective membership as practitioners functioning within a common context. It was within this 
context and these environments where the action and observation took place.

Some would argue that classrooms do not provide an authentic environment whereby skills 
can be developed, even calling them highly problematic (Brown & Duguid, 1996; Lave, 1988). I
would argue that the classroom, for these adult students, was their social environment and the authentic space to promote learning via the intraprofessional pairings of OTA/OT students, the collaborative skill building activities they negotiated, and the cooperative, dynamic community outreach projects they planned and led. The structure of the curriculum additionally afforded opportunities to interact with professors from other programs within the field in outreach projects, such as the Dream Clinic and the one-day seminar of intraprofessional collaboration. Hence, the notion of socially situated, cooperative learning from a vantage point of communities of practice was afforded in occupational therapy academia, specifically via the OTA/OT collaborative course.

Also unique to the construct of situated learning is the rubric of legitimate peripheral participation where the learner is the participant, involved in meaning-making through active engagement in social practice (Lave & Wenger, 1991). This idea supported community membership where learners worked toward competency in their given areas of interest. Peripheral participation is about the learners’ locations in the social and cultural world. The agent and the context have a symbiotic relationship in the acquisition of knowledge (Young, 1993). As the adult learner navigated and mobilized within their various academic spaces, his/her perspectives changed, identities developed and skills increased, leading to membership in the community. This active belonging was manifested as the spirals of action mobilized and as intervention strategies were posited and attempted.

To illustrate this point, take the OTA/OT student pair who began the elective class “on the periphery,” not sure of what would happen or how this collaborative experience would unfold. With each activity, each interaction, each project, their identity as part of a team developed and was strengthened until they were ultimately participating members within the academic context. Lessons learned here will hopefully be integrated as these individuals move toward professional practice.
Critical reflection at each step of the process, close observation and my own meticulous field notes helped to contribute to understanding surrounding the experience and yielded proactive problem solving as the process was realized.

**Reflecting**

Critical analysis throughout the term/semester primed the wheel of reflective practice, making this portion of the research productive, meaningful and highly relevant for the collaborators. The reflective phase is where decisions are to be made as to the value of the interventions at effecting change. In looking at the process, which spiraled several times though planning, acting, observing and reflecting, the stakeholders were able to see the goals of the research being met. Collaborator led discussions, active problem solving and continuous processing about the class experience occurred in each session. By asking the stakeholders their thoughts surrounding the process, during and status post experience, a big picture understanding of the action research process as viewed through a situated learning lens was appreciated. Generally outcomes are considered successful if new knowledge is generated, researcher and participants perceive personal growth, results address the local identified problem and the approach was undertaken meticulously, using methods to ensure sound ethics and trustworthiness (Herr & Anderson, 2005). Careful, intentional thought was put into this research elective, from its very inception, to the actions of doing and through the successful culmination to ensure ethical, trustworthy outcomes.

**Verification Methods**

The subjectivity of the qualitative observer guides understanding of the problem or phenomenon. All information is seen through the lens of the researcher, which is influenced by his/her experience, knowledge, background, positionality and motivations. The researcher needs to acknowledge and clearly document these aspects, called bracketing, and to show how bias reduction
has been attempted via such means as thoughtful work, member checking, triangulation, peer
debriefing and external auditing (Lichtman, 2013; Yilmaz, 2013). These techniques also increase
the trustworthiness and credibility of the reported findings. The nature of qualitative research is
about particularity or transferability of findings to similar groups, unlike large quantitative studies
which aim for generalizability to the population at large. The challenge then is to “produce
plausible, robust research and to demonstrate rigor” (Ryan, Coughlan & Cronin, 2007). This can
be accomplished via a variety of techniques.

A fastidious research study is one that has been thoughtfully and thoroughly planned,
documented, analyzed and executed to the highest standards. The findings my own two precursory
pilot studies contribute to the overall understanding and direction of the research, as well as
information I gleaned from several independent studies which examined the mandates for
collaboration in occupational therapy, as well as collaborative teaching methods in framing the
approach and direction for the elective course. Care in bracketing my positionality and natural
biases and passion for the research have been well documented and devulged. All confidentiality
and protection for the rights of my human collaborators were upheld to the highest standard and as
articulated in the institutional review board documentation. Respect, an equalization of power
structures and a tantamount voice for all stakeholders throughout the process were the norm.
Analysis of data occurred throughout the spirals of action research and were shared with the
collaborators, in efforts to member check and obtain validation that the analysis was indeed correct
and was in no way misinterpreted (Merriam, 2009). This was yet another way to fully integrate the
stakeholders into the action of research and to ensure trustworthy accuracy.

Triangulation is the use of multiple sources of data to confirm emerging findings
(Schwalbach, 2003). Usually triangulation is associated with at least three measurement points such
as interview, observation and document analysis (Merriam, 2009). In this particular study, several methods of data collection were ascertained from which to draw conclusions. As the elective course was constructed by the stakeholders, these measurement tools were chosen in concert with all collaborators, and included an emerging syllabus as document, interviews, service learning and community outreach, critical incident questionnaires and self-assessment, journaling, field notes, intake and exit surveys, as well as 12 exit interviews. According to Herr and Anderson (2005), the quest to determine sound action research from poor is determined through five criteria, which include dialogic and process, outcome, catalytic, and democratic types. Of these validity criteria, outcome validity is one of the more crucial, as it looks at the extent to which the actions that occurred lead to a workable resolution to the problem under investigation. The goal of the action research study is to find a favorable solution to the problem under investigation and if there is no criteria to establish whether the solutions are significant or not, the study and the findings will not have relevance. The issue of rigor and quality of data has been espoused by many authors, but one of the recurring themes is that each action researcher must use criteria that best apply to his/her individual study in order to evaluate exemplary action research from ineffectual. These criteria would be specific to the measures chosen at the outset of the planning portion of the action research study.

Dependability or auditability is essential in demonstrating rigor of a study and involves the researcher providing adequate information to enable the reader to follow the logic, steps and approach of the process and potentially arrive at comparable conclusions (Ryan et al., 2007). Two methods of ensuring dependability prior to final draft of the work included peer debriefing and external auditing procedures. My doctoral committee is composed of four doctoral professionals, two of which function inside of adult education, including my chair, and two who have
concentrations outside of my degree. They serve as one form of debriefing during the data collection, interpretation and writing process. While I would have desired an occupational therapist to sit on my committee, college protocol did not afford this option. Hence, I obtained two independent reader/reviewers of the emerging and final writing of the dissertation who have greater than sixty years of combined occupational therapy experience in the areas of practice and education to ensure dependability within the context of the field. Additionally, one of the two professional reviewers was a credentialed doctoral occupational therapist who performed external auditing outside of the research academic environment to afford objective professional insights, check for clarity, blind code the transcripts and provide questions/comments as needed. The audit trail is a way to authenticate the findings of the study by retracing the path of the researcher (Lincoln & Guba, 1985). By utilizing several methods to authenticate that my research has been meticulously executed, trustworthiness of the outcomes and use by other academic institutions will hopefully result from published accounts of this experience.

**Chapter Summary**

The goal of Chapter Three was to provide an overview of the research methodology chosen specifically for this study and to specify the core assumptions of qualitative inquiry and action research typology. An understanding of the researcher’s background, motivations and enthusiasm for this study were detailed to increase understanding of positionality and perspective of the practitioners, as well as to bracket for bias. Selection processes, data collection measures and verification measures rounded out the documentation supporting the deliberate thought, planning and prerequisite work which went in to birthing this study. With this information detailed at the outset, the remainder of the dissertation will particularize the dynamic process of the spiral of AR and the findings which address the purpose of actively integrating OT/OTA students.
CHAPTER FOUR

LIVED ACTION RESEARCH:

PLANNING, ACTING, OBSERVING and REFLECTING

Action research (AR), as a form of qualitative inquiry, is a dynamic, ever mobilizing method. Some prefer the term *practice* in place of methodology, feeling that AR happens in the “doing of it rather than the abstract describing of it” (Reason & Bradbury, 2008, p. 235). This action research or practice of inquiry was all about doing, negotiating and living out relationships. The aim of learning, doing and practicing techniques of intraprofessional collaboration are/were reflected in the research purpose of creating an innovative college elective with OT/OTA students from different universities which examines active skill development related to effective supervisory, collaborative and intraprofessional relationships. This chapter details the work of planning, acting and fact-finding associated with AR and as described initially by Lewin (1946/1948). While the methods chapter provided insight into participant selection processes, IRB acquisition, and data collection measures, details are needed here to facilitate understanding of the vital planning, acting, and observing which occurred to improve academic practices within occupational therapy.

The study took place over the Fall 2015 Semester at an institution of higher learning in Pennsylvania. This college, named College A for the purpose of confidentiality, served as the home base of the research effort that extended over 15 weeks in length. This college interfaced with three OTA Programs also located in Pennsylvania and within a 100-mile radius of College A. The integration of four institutions provided different and multiple opportunities for OT/OTA students to connect and work toward a common goal together, to collaborate. These learners were afforded formal and informal, structured and unstructured,
creative and evidence-based situations for intraprofessional work with their peers. The study culminated at the end of the semester. After grades were released to the adult learners, exit interviews of twelve of the participants were conducted, 6 with graduate stakeholders and 6 with OTA collaborators, 2 from each of the cooperating institutions. The study was guided by the following research questions:

(1) How do OT/OTA students negotiate supervisory and intraprofessional relationships, and what are their perceptions of role delineation, teaming and successful collaboration?

(2) How does the learner-centered/participatory design of an OT/OTA elective with students from different universities contribute to the promotion of intraprofessional collaboration?

(3) What do the participants/adult learners identify as contributing factors to their ability to collaborate and develop sound intraprofessional relationships?

(4) What is learned from this action research study that will inform ways to promote effective communities of practice for OT/OTAs?

From a logistical standpoint, this study was challenging to plan, enact and orchestrate. Colleges bound by Institutional Review Boards were integrated with non-research entities. Semester formatted systems and term-based trimesters were fit together like a puzzle for the sake of learning and research. Graduate and undergraduate students were learning equals and peers, an undertaking that demanded their time, energy, active integration and leadership. Time, travel, conflicting schedules and financial support for the endeavor all played active parts in this inquisition and required nearly herculean efforts to accomplish. Despite the challenges, the study mobilized in exciting and productive spirals toward solving problems in academia and toward enacting productive interventions for the purpose of learning to be effective intraprofessional counterparts.
This chapter will provide necessary foregrounding into the planning, acting and observing phases of the initiative. To demonstrate these aspects of the action research process, I will first cover planning, beginning with the process of identifying participating institutions of higher learning and describe their stakeholders. Learner integration methods and how OT/OTAS were able to interface with one another throughout the semester/term will be detailed. Acquisition of funding via a faculty grant (Appendix P) helped to defray some expenses of the research undertaking and was vital to the planning process. Implementation of the research learning and experience involved developing a working skeletal syllabus and the course overview and developing a nontraditional, learner-centered course method. Observation of the elective activities, interventions, collaborative attempts and processing led to an ongoing spiral of changing, adapting and modifying approaches which the stakeholders felt better addressed the learning task in that moment. I begin with the planning phase, isolating facilities of higher education and students who were invested in the problem: the lack of active integration of OT/OTA students across an academic semester.

**Planning**

In any endeavor, a plan of action provides strong grounding and an initial direction and eventual destination, in this instance, for the sake of problem solving and improving academic occupational therapy academic practice. As action research is social in nature, it is carried out by a team that encompasses a professional action researcher and the members of an organization who seek to improve the current situation for those involved (Greenwood & Levin, 2007). In this research scenario, I served as the emic researcher/facilitator/participator, and the members of the organization were occupational therapy/assistant higher education communities who sought to gain skills of collaboration and teaming for high quality
competence in their field and for translation into practice. As I began to plan for my study and for the individuals I hoped to impact in my small space of the world, I initially wanted to integrate two college systems, a graduate OT program and a second year assistant program, to undertake this research/action-learning endeavor. As seems to be the nature of research, four therapy programs were fortuitously availed and worked within the scope of my doctoral research umbrella located at The Pennsylvania State University: Capital College. So how were these institutions found, integrated and managed in the planning phase?

Institutions of Higher Education

The research institution serving as the primary hub for the Institutional Review and my home for the past four years was The Pennsylvania State University (PSU). This was the first in a line of five institutions of higher learning that supported my study examining intraprofessional collaborations in OT academia. To reiterate, PSU is the research institution of my doctoral work. Additionally, a graduate OT program and three disparate OTA colleges were all integrated in various ways throughout the research. This tallies five institutions of higher learning with which I interfaced, cooperated and worked. Unique to this research was the symbiotic relationship of each of the university/colleges to the others: my integration as the researcher/instructor with all of them, the graduate students’ interactions with fellow learners from the three OTA programs, and the OTA students’ correspondence with the graduate students and, on rare occasion, with students from another OTA school.

I submitted a Full Institutional Review due to the use of human subjects and through PSU prior to the start of the research. The initial IRB was determined by their board officials to be of exempt status due to its less than minimal risk, noninvasive and educational nature (Office for Human Research Protections, 2009). A cooperating IRB was required by the
graduate OT college and was submitted via IRBNet and approved prior to the start of the research. The three OTA Programs were not research institutions, and as such, did not have an IRB process in place. The Administrative Heads of Academia signed off on the exempt PSU IRB prior to the start of the research. All five institutions of higher education, having acquiesced to the plan of inquiry, became integral members of my research family. In order to more readily understand the configuration and levels of involvement of each system to the other, the following schematic is further configured in Table 1 for clarity.

Table 1: Institutions of Higher Education

<table>
<thead>
<tr>
<th>Institution</th>
<th>Type</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSU</td>
<td>Primary Research Institution</td>
<td>Doctoral Program for Researcher</td>
</tr>
<tr>
<td>College A</td>
<td>Graduate OT Program; Full-time Elective (Semester)</td>
<td>Integrated with Colleges B, C, D</td>
</tr>
<tr>
<td>College B</td>
<td>Undergraduate OTA Program; Full-time Elective (Trimester Term)</td>
<td>Integrated with College A, Participated in One Day Seminar with College C</td>
</tr>
<tr>
<td>College C</td>
<td>Undergraduate OTA Program; Practice Course (Semester)</td>
<td>Integrated with College A, Participated in One Day Seminar With College B</td>
</tr>
<tr>
<td>College D</td>
<td>Undergraduate OTA Program; Management Course (Semester)</td>
<td>Integrated with College A</td>
</tr>
</tbody>
</table>

The research elective, entitled *Intraprofessional Collaboration: OT/OTA Academic Innovation* was offered to Colleges A and B for the full duration of their semester/term.

Getting approval for this course to be on the registration offering was a tedious process, involving meetings with Deans of Academia at the Graduate School and with the President of the OTA College, the Director of OT and The Dean of Health Education. Total time working
and planning with College B was greater than one year previous to the start of the research.

Colleges C and D were added to the participant pool when the year-long effort to recruit OTA students at College B yielded only four participants. I wrote in my field notes of the experience:

Last week was super stressful, as my IRB required additional revisions, my cooperating IRB went in and my original plan for my research course fell to bits. My sample from College B included one auditing and 3 registered OTA students to 14 graduate OT students from College A. Panic set in as I made frenzied calls to my PSU advisor, my PSU IRB official and had discussions with the Department Head of College A. I decided to reach out to my friends in the OT world who happened to be Directors of OTA programs…Back to the drawing board as I set out to find a solution to my problem [of a less than ample participant pool]. (Fieldnotes, Reichley Dennehy, August 2015)

Colleges C and D were included via convenience methods. Unlike A and B, Colleges’ C and D students were registered for pre-existing courses needed to fill requirements for their credit matriculation in the Fall Semester of 2015. Their participation in the study was chosen thoughtfully and with intention. College C was in a physical rehabilitation practice course, while College D was enrolled in a management course where the concepts of supervision, teaming and collaboration from practice and administrative loci integrated naturally. College C had a more structured and accountable formatting by which to communicate with College A, while College D was purposely left highly unstructured in terms of methods and amounts of integration with A. These decisions were made while working in close association with the Directors of each of the OTA Programs, to afford diverse experiences to all involved. Now that the institutions were in place, planning as to how to team, group and integrate the students came next.
Integration of Academic Cohorts and Study Participants

The ongoing planning phase in any action research study is dynamic, and has a tendency to take on a life of its own. My experience was no different. While I feared the inequities of participant numbers with uneven OT/OTA ratios, adding two other institutions afforded opportunity to reach higher numbers of students with the information and experience and also added different ways for students to interact and interface. The elective was originally designed for face-to-face integration of OT/OTA students from two colleges for the duration of the semester. The addition of two more colleges promoted not only face-to-face collaboration, but also distance and technological means of connecting and communicating. In the professional arena, therapist and assistant teams collaborate and supervise via various avenues, such as in person, over the phone, in emails/texts and so on, so the opportunity to practice different methods of intraprofessional integration proved fruitful and relevant. To understand the interaction mechanisms between each college, Table 2 provides information regarding formats.

Table 2. Types of Adult Learner Interactions

<table>
<thead>
<tr>
<th>Type of Integration</th>
<th>Duration/ Frequency</th>
<th>Once with A &amp; B</th>
<th>Twice with A</th>
<th>Semester (With A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to Face</td>
<td>Semester</td>
<td>Term</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer (email, Facetime, Skype, Google Docs)</td>
<td>Semester</td>
<td>Semester (With A)</td>
<td>Semester (With A)</td>
<td></td>
</tr>
<tr>
<td>Phone (land line, cell, texting)</td>
<td>Semester</td>
<td></td>
<td>Semester (With A)</td>
<td></td>
</tr>
</tbody>
</table>

As previously stated, discussions between myself and the Directors of Occupational Therapy in each of the OTA programs took place prior to the start of the Fall 2015 Semester/Term to establish parameters of interactions, meeting times and potential assignments.
While students in Colleges C and D were primarily responsible for the content of their prescribed required courses in Practice and Management respectively, their integration in the research elective was incorporated in each class to augment the content and experience of collaborating outside of pre-existing cohort structures. The OTA Practice course was chosen in an effort to showcase the assistant students’ knowledge base surrounding therapeutic intervention techniques and to demonstrate OTA skill sets to promote understanding for the therapy students as to role delineations and supervisory needs. The OTA Management class included intra- and interprofessional relationship content within the context of this course and seemed a good fit for OT/OTA students to integrate and work together. College B approved the elective and the audit of a term-long experience in Intraprofessional Collaboration, so those students integrated directly with the graduate students each week from the start through the culmination of their term (8 total classes, 6 with the OTS) which fit snuggly inside of the graduate semester. Full intellectual, instructional and administrative decisions were mine in the initial planning with the other college entities, however the Directors of Occupational Therapy and I had numerous meetings, phone calls and discussions regarding content, approach and experiences to ensure maximum learning benefit for all students. Having acquired four participating college systems, the quest for consenting participants began.

As convoluted as the college systems’ integration in the research seemed, so too were the participant pools. Again, for the sake of the action research study, participants will be referred to as collaborators, stakeholders, students, learners, and/or participants. Following the IRB approval process, I presented the research script (Appendix C) to each of the isolated college classes. During these face-to-face meetings, the students could ask questions, air concerns and receive information regarding the proposed research class and experience. The students were informed
that participation in the study was totally voluntary and could be terminated at any desired point
in accordance with research ethics under the Belmont Report (Brydon-Miller, 2008). At a later
time, and not in my presence, Form Administrators (directors of the college programs) presented
all students with consents to read and sign if they wished to participate. These forms were then
sealed in an envelope and remained in the keep of the administrators until the semester
concluded and grades were given. This was done in an effort to prevent the feeling of coercion
by the student participants/nonparticipants. That is to say, there was never a threat that grading
would be impacted based upon participation or non-participation in the study, yet another ethical
practice promoted by aforementioned Belmont Report.

All colleges contributed a total number of 64 collaborators who voluntarily participated
in the research portion of the experience. All collaborators continued through the duration of the
research, with no one electing to discontinue prior to completion. The face-to-face, full-time
elective participants from Colleges A and B included 14 graduate OT students, and 4
undergraduate OTA students. College C contributed 27 undergraduate OTA collaborators to the
initiative, while College D produced 19 undergraduate OTA stakeholders. College A proved to
be a more homogeneous grouping, in terms of age, personal pronoun/gender, ethnicity and prior
degree completion when compared to the students from the OTA Colleges. All graduate
students were considered to be traditional college students, identified as White/Caucasian
females who had completed high school and then transitioned directly into college, where they
were currently in their fifth year of higher education.

College B, C and D provided greater diversity in ages (range of 19 through 45 years,
mode of 21 years), personal pronoun/gender (4 self-identified males, 46 self-identified females),
and prior educational experience (38 with high school diplomas, 5 with associate degrees, 6 with
bachelor’s degrees and 1 with a master’s degree). Positionality in terms of ethnicity among the 50 OTA students was homogeneous as unanimously White/Caucasian. To demographically summarize, 64 total collaborators participated in the study, 14 graduate OT and 50 undergraduate OTA students. The mean age of all adult learners was 23.5 years. All students classified themselves as White/Caucasian in terms of ethnicity. A total of four self-identified male stakeholders were part of the study which yielded a 6 percent male participation rate when compared to females, and is representative of the national average of men in the OT field at “less than 10 percent” (AOTA, 2013). In terms of highest completed educational levels, 38 individuals had High School Diplomas, 5 had Associate Degrees, 20 had Bachelor’s Degrees, and 1 had a Master’s Degree. Data was collected from all of the collaborators, inclusive of intake/exit surveys (64 times two), journals (18), critical incident questionnaires (used on several occasions), exit interviews (12) and an AOTA Questionnaire Poll (14).

To provide a demographic summary of the individuals who were selected for interviews based upon convenience and purposive sampling, Tables 3 and 4 provide an overview of the stakeholders. Six therapy and six assistant students (two from each of the three college systems) were chosen/volunteered to provide equal representation from both levels of education represented. Interviewees were given pseudonyms to ensure confidentiality of responses, the therapy students with “T” identifiers and the assistant students with “A” identifiers for ease of differentiating quotes within the body of Chapter Five’s findings.

Within each college system, students were paired, grouped or teamed for the sake of an authentic working relationship with a student counterpart. In the Intraprofessional Elective, Colleges A and B self-selected their two groupings with 2 OTAS: 7 OTS. While not an ideal ratio, these two groups afforded exposure of assistants to therapy students in a smaller
configuration that 14:4. The groupings could have been broken further into four working units with one OTAS to 3 to 4 OTS, but the OTAS chose comfort in increased numbers and opted for two groupings. With College A to C and D, students were randomly assigned. Just as you do not generally get to chose who you work with in the professional setting, I felt that a mixture of self-selected and assigned groupings would provide greater experience and authentic opportunities.

Table 3. Graduate Participants

<table>
<thead>
<tr>
<th>MOTS</th>
<th>Positionality</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theresa</td>
<td>Female</td>
<td>22 years</td>
</tr>
<tr>
<td>Tara</td>
<td>Female</td>
<td>22 years</td>
</tr>
<tr>
<td>Tammy</td>
<td>Female</td>
<td>22 years</td>
</tr>
<tr>
<td>Tess</td>
<td>Female</td>
<td>22 years</td>
</tr>
<tr>
<td>Tilly</td>
<td>Female</td>
<td>22 years</td>
</tr>
<tr>
<td>Tori</td>
<td>Female</td>
<td>22 years</td>
</tr>
</tbody>
</table>

Table 4. Undergraduate Participants

<table>
<thead>
<tr>
<th>OTAS</th>
<th>Positionality</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam</td>
<td>Male</td>
<td>27 years</td>
</tr>
<tr>
<td>Annie</td>
<td>Female</td>
<td>20 years</td>
</tr>
<tr>
<td>Austin</td>
<td>Male</td>
<td>20 years</td>
</tr>
<tr>
<td>Audrey</td>
<td>Female</td>
<td>20 years</td>
</tr>
<tr>
<td>Angie</td>
<td>Female</td>
<td>32 years</td>
</tr>
<tr>
<td>Alice</td>
<td>Female</td>
<td>22 years</td>
</tr>
</tbody>
</table>

So with the colleges, students, skeletal syllabi and meeting schedules in place, it was time to plan for a semester filled with collaborative, teamed, grouped and stakeholder led learning.

**Ongoing Planning and Acting**

The spiral of action research is dynamic, morphing and constantly impacted by the stakeholders, their ideas, problem-solving capabilities and their planning and enacting of strategies. Planning tends to lead to acting on those ideas, but in my experience, planning is ongoing, causing overlap, backtracking, revisiting and re-working activities and interventions in the action process. The action research cycles, which ultimately integrated four occupational programs, can be likened to an onion. The onion is composed of layers and layers of flesh, each as important, substantial and robust as the next. But individual layers serve different purposes. The outer, papery stratum is protective in nature, the next repeating folds are edible, and the center affords opportunity for sprouting new growth. Within the planning and acting out of
desired interventions, there was a complex group psychodynamic or interplay at work. Like each layer of onion, each collaborator brought his/her own distinctive skills, ideas, values and roles to the process. Some were naturally leaders, some quiet and introspective, some held preconceived notions and assumptions, and all came with feelings and opinions shaped by their own life experiences. This is where not only the establishment of course content ideas came into play, but through firmly agreed upon boundaries that supported healthy collaborations (McGill & Brockbank, 2006). Course planning and group norms were an important part of the process that was planning, acting, re-assessing, planning and re-acting that is action research and learning. A discussion of the course overview and the group norms is vital in setting up the findings in Chapter Five.

Course Overview

In higher education, occupational therapy instructors plan content, activities and course formatting based upon several guiding parameters: (1) ACOTE Standards for the degree to which they are teaching (Associate, Master or Doctoral), (2) objectives which pre-define the focus of each course, (3) professional epistemology, and (4) outcomes which add to the overall skill set of the future OT practitioner. The objectives for this research elective, Intraprofessional Collaboration: OT/OTA Academic Innovation, were correlated directly to the ACOTE standards and were subdivided into Knowledge, Performance and Affective domains (Appendix K). Objectives of the course of study and the epistemology of the instructor shaped the direction, approach and overall experience for affording relevance and meaning. The outcomes were important for obvious reasons, as no one in higher education wants to promote students who are unprepared to deal with the demands of the work force. Especially in health-related fields where the medical safety and well being of the clients are the highest priority, educators strive to
prepare learners for competent, entry-level practice. So while we spend years instructing students in the rudiments of OT theory, assessment and treatment skills, anatomy and kinesiology, and in practice courses which stress the correct way to perform a stand pivot transfer and a dependent log roll, there have been seemingly little to no efforts at integrating fellow peers in assistant and therapy programs for the specific purpose of learning to collaborate. A learner-centered course that was stakeholder led was chosen to afford everyone opportunities to lead, be heard, learn in the way that is best suited for the objects and actively engage with their occupational therapy practitioner peers.

**Elective Class Consisting of Stakeholders from Colleges A and B**

At the outset of the Intraprofessional Collaborative Elective/Research endeavor, a skeletal syllabus was provided as an evolving document to students from Colleges A and B (Appendix I). As part of the first syllabus, the course description was provided. The credit-bearing elective (combining Colleges A [4 credit hours] and B [3 credit hours] for face-to-face integration) was designed to examine the ideals of collaboration related to intraprofessional teaming, the process of learning to collaborate by integrating assistant and therapy students in cooperative pursuits, and the importance of supervisory and teamed relationships in ultimately promoting optimum client service delivery. Students engaged in the co-construction of the course which was framed around the concepts of working together, understanding role delineations and supervisory responsibilities, and thoughtfully examining the development of these relationships.

As the concept of a co-constructed class was very new to the vast majority of learners, I put potential topics of interest on the board at the outset of the first several classes to help facilitate the process and to get the students thinking. I wrote in my field notes:
I tried to discuss the notion of constructing the class with the students and was met with blank stares and no comments other than questions surrounding a possible community service project. I decided on the spot to give them until next week to have this discussion, and one of the graduate students promptly said, “As this is a new way of thinking for us, thank you for giving us time to reflect.” (Field notes, Reichley Dennehy, September, 2015)

Many voiced the feeling that this really helped them to land on ideas worth processing. In each class the stakeholders would choose a topic or three and work through them until they felt they fully understood the concept. Discussions of empirical and conceptual writings on selected topics, activities, and experiences with the information were just a few ways the learners moved through information related to intraprofessional collaboration.

Content was suggested by me based on the ACOTE standards and objectives for the course. Students in the elective not only negotiated for information covered and discussed, activities and mechanisms to promote learning, but also for grading criteria and assessment opportunities. I created two separate syllabi to meet the requirements of Colleges A and B, which were different in terms of formatting, grading scales and set-up (Appendix I). The students were presented with the syllabi and tentative week-at-a-glance schedules on the first class and were informed that they would decide on the future direction of the course. At mid-semester, new syllabi were given and included the stakeholders’ additional suggestions regarding content, as well as measurement of outcomes (Appendix J). Both the therapy and assistant students in the research elective decided on assessment criteria, having to choose between working for a letter grade with a resultant percentage, or living out the semester on a pass/fail basis similar to what the Association for Medical Colleges (AAMC) is currently promoting in medical school education (2016). They also had the opportunity to select the methods by which their learning
would be evaluated. The initial syllabus offered an intentionally vague descriptor of a variety of
dynamic self- and instructor-driven surveys, assessment, projects and active participation as
potential parameters. The OT/OTA students unanimously decided to have a pass/fail
expectation and developed a list of ten assessment activities with my input that they would need
to complete by semester’s end to pass. The pass equivalent in both college systems was an “A”
and a fail was a “C” for the OTS and an “F” for the OTAS, as neither system had a pass/fail
identifier in place for course outcomes. The group consensus areas of assessment included: (1)
structure and lead mixer and introductory activities with College D, (2) structure and lead trust
activities with College C, (3) collaborative painting exercises one and two, (4) structure and co-
construct the day’s events for each class, (5) design a full conference for College C that
addresses intraprofessional collaboration, (6)”Dream Clinic” collaboration with College A and
C, (7) intake exercises, (8) exit survey, (9) structured and free writing in journals, and (10)
periodic critical incident questionnaires.

Important to note at this juncture was my utilization of The American Occupational
Therapy Association’s *COTA and OTR Education Unit* (1997) throughout the semester. This
work was initiated in 1993 when the AOTA Representative Assembly called for the development
of an educational unit to meet a need in academia surrounding “role confusion regarding COTA
utilization and a lack of consistency across OTA and OT programs in the quality and quantity of
how roles are integrated into the curriculum” (p. 1). While I personally felt/feel that this problem
still exists over 25 years later, I thought it would be very useful to integrate some of the
assessments, activities and experiences from this initiative to support my research. I purchased
the booklet on Amazon.com and utilized many of the ideas, such as the Myth and Reality
Activity which aimed to dispel myths surrounding the professional OT/OTA roles, the case study
experiential exercises for collaboration into client assessment and care planning, and the Team Member Assessment which helped the collaborators identify what type of a team player they are.

I felt this publication was an important directive initially created to support OT/OTA intraprofessional relationships. I had never seen it in use and felt it was worth exploring. This source, in conjunction with the use of professional documents such as licensure laws, supervisory and ethics documents from AOTA and role delineation mandates were integrated throughout the semester. Learners also had the opportunity to investigate each other’s curricula in efforts to better understand academic preparation, skill sets, roles and professional strengths of the therapist and the assistant. The collaborators chose topics of interest, ice-breaker and team building exercises and independent and group investigations to clarify concepts, points and misconceptions related to intraprofessional and supervisory relationships. In order to create a safe, open and equalized academic climate, group norms were also created by the stakeholders in the elective which served as parameters by which to conduct themselves and the experience.

**Group Norms**

Group norms are a list of guidelines that are developed and agreed upon by everyone in the experience to foster productive, open and trusting communications. At the very outset, three group norms were identified by students in College A and B: (1) we are all equals, (2) we respect the opinions, thoughts and values of everyone in the group, and (3) we will all endeavor to actively engage in this process of research and learning. By November of that Fall Semester, the list had grown to be ten strong. As group norms were experienced, or as class sessions and activities were enacted, students voiced the need for additions to the original list of three, of which I wrote in my field notes and then revisited with the collaborators throughout the experience. Little cuing or re-referencing the norms was needed, as everyone was vocal, open,
generous in their thoughts and ideas, respectful to their peers and industriously engaged in the process.

**Group Norms for Intraprofessional Elective**

1. Equalizing any preconceived power structures at play.
2. Respecting everyone’s feelings, opinions and voices.
3. No apologizing for expressions or feelings, just thoughtful, candid comments.
4. Questioning and inquiry for everyone.
5. Actively engaging in each moment for the sake of that moment and experience.
6. Attending all sessions and activities so that all stakeholders are represented.
7. Talking the talk of intraprofessional collaboration.
8. Walking the walk of intraprofessional collaboration.
9. Living this semester for the good of relationships and the community.
10. Staying quiet while each person speaks so that we can respect each idea.

Planning and acting occurred during the semester between the graduate OTS and Colleges C and D as well. These opportunities were planned and enacted to afford multiple opportunities to interface with OTAS who were not in the elective and who were not seen primarily in a face-to-face format. The richness afforded to students to practice and experience multiple ways of integrating with their assistant counterparts was welcomed. Explanation of this integration is needed at this juncture to provide clarity and contrast of the entire planning and acting phases of the experience.

**Collaborator Involvement from Colleges C and D**

While the graduate OT students integrated directly with their OTA cohort from College B who fit into the semester via their term, the graduate students were additionally afforded opportunities to actively integrate with OTA students from Colleges C and D. Noteworthy at
this juncture is that Colleges C and D never integrated with each other. The graduate OT students began their semester by reaching out to College C via email journal responses, designed to introduce the OT/OTA students from the outset. They discussed who they are, why they wanted to become OT practitioners and so on. The prompts were provided by me to facilitate ease in communicating with individuals who they had never seen, met or talked to before. Students completed five journal responses throughout the semester and were held accountable for reaching out and for completing their email responses. A spreadsheet was managed by the professor of College C to ensure accountability, marking student responses off as they were electronically submitted.

The graduate students also decided to create a fun, introductions video on iMovie to send to their College C partners, whom they were randomly assigned. They felt it was important to put faces to names and journal responses prior to meeting their teammates in person. Each grad student’s photo was taken, photo-booth style with props that reflected their playful personalities, music was added and a slide show with names and faces was created, sent to College C and played for them the week near the end of the semester when the elective group ran a full day conference for College C on topics that they had learned throughout the semester such as role delineations, supervision, team work, trust activities, the importance of communication styles and so on (Appendix M). This conference is one example of a truly comprehensive, challenging project that students from Colleges A, B and C had input into and that students from A and B ran independently for an entire day. A meal was provided and allowed for students to enjoy the company of their team members and fellow OT students in a relaxed and informal manner.

In terms of College D, the Fall Semester began in late August and by the middle of September, the graduate students collectively traveled to campus D. They met the OTA class,
where assigned team members, and ran an evening of mixers, ice-breakers, and discussion about how the semester would look for the College A/D configuration. College D graciously provided a meal, affording students an opportunity to meet less formally in their smaller group/teamed configurations. In discussions with the Program Director of College D, it was decided to assign teams, to have these pairings/groups work together on the end of a semester project that was assigned to the OTA students and involved designing a dream clinic to serve a chosen client population (Appendix Q). It was also decided with this student configuration that communications would be at the discretion of the collaborators, could occur over any secured medium such as phone calls, texts, emails, Google docs, Skype, Face Time, or the students could opt to meet face to face if they wished. Throughout the Fall Semester, life went on in the OTA Management Course, as it did with the Intraprofessional Elective. Some teams started their projects immediately and utilized the expanse of the semester to communicate, tie up loose ends and finish strong. Others did not communicate as frequently, which seemed to generate anxieties on behalf of OT and OTA students alike as aired in weekly processing sessions. By promoting a structured assignment and unstructured communication, I was hopeful that students would get a sense of real world OT practice, where assessments, interventions and documentation must occur and the communication is up to the discretion of the OT/OTA team in place. While this experience afforded two scheduled face-to-face meetings with between College A and D and additional experiences at their choosing, it afforded greater independence, initiative and control on behalf of the collaborators, than traditional lecture-formatted experiences might yield. As the experience required an integration piece, travel to the various campuses was required.

An exposure to the different environments where student learning transpired for each group was done intentionally for several reasons. Firstly, I hoped to level the playing field and
equalize any perceived power situations that meeting only in one college community, say the
graduate school, could have manifested. Secondly, I felt that it would be a good experience for
students to see each other’s labs and learning spaces. Thirdly, I hoped it would convey the
absolute level of commitment that I and the other stakeholders had at reaching out, learning and
working at and with the other campuses involved. Travel was one of many areas which required
financial backing to enact. Grant funding was one attempt I made, in a very small way, to defray
the costs of the semester-long experience and that effort took planning, writing and time to
complete (Appendix P).

**Grant Funding for Research Acting**

In the planning phase and well into the acting portion of the semester, financial backing
was needed to sustain the most basic to the more indulgent aspects of the process. In terms of
basic funding, copies of required readings, exercises and self-assessments were needed. While I
could utilize College A’s technological interface called Canvas to post needed items for the
graduate students, all three other campuses purposely and for the sake of security, had different
forms of technological interfacing such as Blackboard. As a “visiting” instructor on these
campuses, I had no clearance to utilize this method of information sharing with my students. At
one point in the semester, one month’s copy fees exceeded one thousand dollars. In applying for
a small starter grant, that one copy bill far exceeded the one thousand dollar honorarium I was
awarded.

In addition to copies, there were travel expenses. College A vans were utilized for trips to
B, C and D campuses. I was charged fifty cents a mile and when using two vehicles for a 200-
mile round trip to another school, those expenses added up quickly as well. Geography can be a
huge logistical problem in carrying out an experience such as this especially if face-to-face
integrations are desired. While Pennsylvania is rich with OT and OTA programs, other less populous locations, such as Arkansas, Colorado and Idaho, have fewer colleges with which to integrate. Other incidentals included such things as refreshments, meals, beverages and small gift items that served as tokens of appreciation from students in one college to students in cooperating institutions. Collaborators traveling to schools outside of their own chose to give a small picture frame with an inspirational collaborative quote in it as a memento of their shared time together. Other schools reciprocated with tablets, pencils and other small items with their college logos on them for their academic peers. Hospitality, warmth and genuine effort were characteristics that the stakeholders wished to craft into their experience of sound relationship building. Classroom materials such as a stretched canvas and paints were also artfully configured in the research budget.

So with institutional, student, and financial backing, the action research study and learning experience mobilized from one class to the next, from one interaction to the next, from one student’s suggestion to the next. Every action taken and academic goal met via collaborative methods within small teams, intimate groups, or larger forums. Therapy and assistant students worked toward understanding each other, themselves, the roles they play in the occupational therapy realm and the ways that their approach, ideas and knowledge can positively impact this semester long initiative. Important to note is the processing and reflective problem solving that occurred at each step of the way and that were very much a part of the observing and reflecting portions of the cycle of action research.

**Observing and Reflecting**

Action research relies heavily on careful observation of enacted intervention strategies or educational techniques. While observation is the precursory to reflection and critical thinking,
the processes go hand in hand. There can be no solutions to problems without attempts to problem solve, exercise trial and error methods and have the strength and fortitude to learn not only from the successes, but also from the failures, challenges and shortcomings. As a group, OTA and OT students navigated unknown waters to build bridges for successful intraprofessional collaboration. So what then was their ever-changing experience in this process of action research?

**Processing and Reflection as Action**

In the midst of active participation, of activities which supported learning, of communicating and working with intraprofessional counterparts, there were constants. The spiral of planning, acting, observing and reflecting was one constant, ever cycling. Observations of how and what transpired in each effort toward intraprofessional collaboration were ever present. Student collaborators observed the groups’ or teams’ responses and interactions. I observed in much the same way, being an integrated stakeholder, during each endeavor.

Another constant was the commitment by all stakeholders to process, to dialogue and to reflect on the learning that was taking place in the moment, in that class, in that experience. To engage in reflective practice is reflexive and iterative and supports the idea of ongoing critical dialogue with others about what they think and why (McGill & Brockbank, 2004). It was never enough in this action learning endeavor to do an exercise that supported content from a reading, to execute a trust activity that built relational skills, to work on a project and achieve a goal as a team. We took the time to process what happened, what went well, what fell short, what reinforced stereotypes or deconstructed barriers. Open dialogue was encouraged and generally took place with everyone joining each other in a large circle on the floor near the end of a class or at a large table where everyone was at the same eye level immediately following an
intervention, or at the start of the next class so that the stakeholders had an opportunity to think about what had transpired. These conversations reinforced learning, served as a way to reflect on the experiences, and offered directional suggestions of what to do next in the spiral of action.

I reflected in my field notes:

The class is evolving and taking on a life of its own. While I do impose a skeleton’s amount of structure to each meeting time, I do encourage leadership, input without apology, and direction from all of my students. While they expect much of the content to be coming from me, I need to let them have or encourage them to take on more of an active role. They do beautifully when I turn it over to them (Field notes, Reichley Dennehy, September 2015).

By November, my notes included: Discussions are always productive with everyone or nearly everyone taking part in the conversations. They are all demonstrative, interested, caring and willing (Reichley Dennehy, November 2015). While verbal processing and reflecting were afforded at the conclusion of each class time, other written forms of expression were availed to promote collaborator voice with the freedom of anonymity.

Critical Incident Questionnaires (CIQ) were another means of assessing what was experienced in a class and for utilizing those results to modify the approach to best meet the learning needs of the collaborators (Brookfield, 2005). I administered CIQ surveys several times throughout the semester, not only to the core elective group of Colleges A and B, but also following the Intraprofessional Conference that was given at College C. These small surveys (Appendix N) supplied valuable information regarding collaborators’ thoughts, feelings and impressions of a learning experience. They also promoted dynamic, proactive change in direction with learning efforts when one was felt or needed. So in this way, data was analyzed in an
ongoing format as part of the process needed for course modification based upon collaborator impressions.

Other formats were put in place to foster reflective thought and to encourage engagement in the process, such as stakeholder journals. Each of the 18 elective members were given old-school composition books at the outset of the semester/term for their use. Sometimes, especially at the beginning of the experience, I would provide prompts for them to write about, such as “Who am I personally, professionally and collaboratively?” The journal was physically divided in half, with the back portion allotted to free writes, processing and critical reflection. I, too, wrote field notes in the form of journal entries after each class. In an effort to be fully engaged in the process as an equal collaborator, I intentionally chose to not write field notes in the presence of the collaborators. I wanted the experience to be as authentic, natural, and unconstrained as possible, and I didn’t want the participants to feel like caged specimens in an experiment, being watched, monitored and probed. So while this research was grounded in social learning, in collaborative construction and in the practices of planning, acting, observing and reflecting, the resultant themes yielded insights into the academic world of OT/OTA professional preparation regarding supervisory and teamed relationships which ultimately serve our client populations.

**Concluding Thoughts Surrounding the Cycle of Lived Action Research**

I anticipated at the outset that action research can be a big, unwieldy beast of a method or practice in the search for solutions to problems in practice. I imagined the aggregate of work that would go into the coordination of not only adult learners, but also the institutions from which they hailed. I anticipated a smaller sample size, as is the fashion in qualitative research studies. I envisioned a semester of learning about intraprofessional collaboration and teaming through
student integration and participation. What I experienced was more than I could have hoped for in terms of an exciting and beautifully unfolding process that is action research. I fortuitously and unexpectedly garnered multiple schools and a substantial number (64 in total) of participants/stakeholders who were willing to go on this journey with me. I experienced an impressively high level of commitment from the stakeholders in this study, excited not only to learn, but to have a voice in the future practice of occupational therapy education and academic preparation for upcoming generations of learners. Having lived out this sometimes unpredictable process, the themes which have been generated from the vast sources of data, from the in-depth analysis using constant comparative methods, and from the rich perspectives of the stakeholders, have revealed substantial findings for the fields of adult education and occupational therapy. Chapter Five will detail six themes and multiple subthemes which have been dissected, extrapolated and experienced through the eyes of the stakeholders (Appendix R).
CHAPTER FIVE

FINDINGS: RESEARCH IN ACADEMIA

The qualitative action research (AR) study in occupational therapy (OT) academia was conducted throughout the Fall Semester of 2015, and integrated four disparate college systems (one OT and three OTA Programs) located in Pennsylvania. The purpose of the research was to develop an innovative college elective with OT/OTA students that examined the process of promoting skill development related to effective supervisory, collaborative and intraprofessional relationships. Utilizing an action research methodology, collaborators embraced the dynamic process of action in planning, acting, observing, and reflecting together with the aim of problem resolution (Herr & Anderson, 2005). The primary conundrum surrounding intraprofessional education was that seemingly few college programs have integrated assistant and therapy students together in academia for prolonged periods of time to learn how to best partner, and if they are doing so, they are not publishing the results of their efforts. According to the American Occupational Therapy Association Representative Assembly (Resolution E [645-931]), “in order to work together in a true partnership there must be knowledge of each other’s background and genuine positive regard…[additionally] face to face contact and dialogue between OTA and OT students has to happen” (1997, p.1). As AR addresses problems in practice, my efforts were aimed at doing just this, integrating OT/OTA students by face-to-face and other means of contact to help foster these vital relationships.

This study and learner-centered course were a significant departure from traditional “conventional university training that generally and purposely disconnects theory from practice, teaching from doing and relies heavily on teaching only explicit and propositional
knowledge” (Greenwood & Levin, 2007, p. 243). In an effort to immerse students in the lived-experience of defining, discovering, practicing and experimenting with the various and sundry skills of collaboration, basic textbook, lecture and fact-based learning were abandoned. Throughout the 15 weeks of inquiry and exploration, I served as an emic researcher/facilitator/co-collaborator with the stakeholders/students/learners/collaborators. We worked toward the goal of understanding and developing intraprofessional and collaborative skills and learned to effectively negotiate the sometimes tenuous relational aspects of the OT/OTA partnership. Results from comprehensive, exhaustive analysis of several forms of data (interviews, intake/exit surveys, journals, field notes, AOTA-formatted polls) revealed six key themes which emerged through constant comparative methods, and include (1) Typical Approaches to OT/OTA Learning: Pre-Research Emersion, (2) Atypical Approaches to OT/OTA Learning: Learner-Centered Construction of the Research Elective (3) Intra-professional Collaboration: Attributes, (4) Rome Wasn’t Built in a Day: Neither Are Relationships, (5) The Me and The We: Intraprofessional Integration, and (6) It’s Not All Rainbows and Unicorns: Challenges. Each theme is subdivided into several subthemes and are discussed in detail throughout the body of this chapter. Exposition of my doctoral research findings through the eyes, experiences and perceptions of the 64 adult learners will afford valuable insights into the intraprofessional collaborative process in academia. The outline (Table 5) is offered to afford greater ease in navigating and digesting the six appointed themes. I will discuss each theme/subthemes in great detail, supported with rich narratives and diverse forms of data from the collaborators.
Table 5. Breakdown of Themes and Subthemes

I. Typical Approaches to OT/OTA Learning: Pre-Research Emersion
   A. Traditional Higher Education Acumen
   B. Constructivist Versus Traditional Acumen
   C. Intraprofessional Learning

II. Atypical Approaches to OT/OTA Learning: Learner-Centered Construction of Research Elective
   A. Learner-Assisted Construction of Course Content
   B. Learner-Constructed Assessment and Grading
   C. Processing and Reflection

III. Intraprofessional Collaboration: Attributes
   A. Communication
      1. Importance of communication
      2. Skills of effective communication
   B. Character Traits
      1. Trust/honesty
      2. Respect
      3. Kindness
   C. Value-Laden Behaviors
      1. Empathy
      2. Diversity as Strength

IV. Rome Wasn’t Built in a Day: Neither Are Relationships
   A. Connection Among OT/OTA Students
   B. Engaging in a Community of Practice

V. The Me and the We: Intraprofessional Integration
   A. ME: Self-Awareness and The Impact on Others
   B. WE: Teaming in Light of Roles and Supervision

VI. It’s Not All Rainbows and Unicorns: Challenges
   A. Assumptions and Fears Surrounding Power in a Leveled System
   B. Challenges of Integration
      1. Institutional Regulations
      2. Logistical Considerations
      3. Financial Considerations and Expenditures
Typical Approaches to OT/OTA Learning: Pre-Research Emersion

In the environment where I teach and do research, my adult learners range from traditional 19 year-olds who are coming straight out of high school through middle to older adults who come to scholarly pursuits with sometimes other college degrees, work histories and life experience. While there is debate about what defines an adult learner chronologically, developmentally, psychologically (Hansman & Mott, 2010), I work in the world of higher education where I endeavor to promote equity, inclusion and safe learning environments for all to contribute and be heard, and where everyone is respected as an adult learner. That being said, I was interested to discover how my learners/collaborators, who ranged in this study from 19 to 45 years of age, have experienced learning pre-research elective, especially in their OT education.

As this AR study took place within the walls and halls of formal education, I wondered how academia shaped learners over years of classroom rudiments, structured activities, cognitive drills and memorization, grades for outcomes and tests to demonstrate learning. Traditional, liberal education has long been the moniker of American teaching/learning practices where the teacher/instructor/professor is deemed the expert and the students are passive recipients of content, scribing notes, and hoping to capture the information needed to pass the test and make the grade. This method of liberal, formal education is more of a top down approach, and while it should not be assumed that all academic formatting is situated in this way, traditional education does have a strong presence in this country (Ginsberg & Wlodkowski, 2010). These traditional formats would be considered part and parcel of a teacher-centered learning environment versus a learner-centered one. For this particular generation of college students, new mechanisms by which to learn, such as electronic
technology, have evolved and have added new dimensions to the learning process. Computers can live stream up-to-the-minute news and moving images into the classroom, smart boards project visual information such as Power Points and YouTube videos onto large screens to augment understanding and clarify points, clicker systems in large academic forums encourage student integration and interaction with the content, and smart phones provide facts and figures at the touch of a finger. All of these innovations have added to the richness and dimension of the formal educational experience, but if closely examined, are they not primarily utilized to support the ever-present, virulent strain of dialectic instruction, called classical traditional liberal education (Elias & Merriam, 1980)?

In addition to the tenets of liberal education are more constructivist ways to learn in classrooms with others, active and social means of integration that can be both formal and informal in nature. In the academic preparation of future occupational therapy practitioners, hands-on labs and practice courses are designed to afford students the opportunities to learn by doing. Fieldwork education or apprenticeships take that idea one step further, immersing the OT/OTA student in a practice arena where they perform and hone the skills they have learned with actual client populations. In a profession where learn-by-doing is part of the preparatory accouterment, I am suggesting that more active learning methods need to be the rule and not the exception throughout the OT/OTA academic curricula to foster stronger skill development, the ability to think on one’s feet, improve reasoning abilities and proactively integrate self-directed and dynamic problem solving. In this way, the experience supports a learner-centered acumen rather than a teacher-centered one. This is where the tenets of adult education meet innovation in occupational therapy academia and where my research fastidiously attempted to venture, in the first documented study that integrates OT/OTA
students from several different colleges for learning together over the span of an entire semester. Essential to the understanding of this undertaking, are the educational practices and experiences with which the collaborators entered the study. To what types of instruction for learning are they accustomed, especially in their occupational therapy preparation?

**Traditional Higher Education Acumen**

College education is an opportunity that comes with a great deal of sacrifice, dedication and cost. The consumer of academia expects to come away from the endeavor having learned a set of skills which will hopefully lead to gainful employment, career satisfaction and competence, even excellence, in a chosen field, in this instance OT. Data from the collaborators in this study was culled in search of answers as to how these stakeholders experienced education prior to the start of the research study. What was their academic history, what types of tasks and formats were familiar to them as they navigated the requirements of a college education?

How are OT/OTA students learning by way of instruction prior to the research? The perceptions of the learners speak to their typical experiences in their classes and course work pre-research elective. Typical strategies of teaching and learning would be ones that the student has become most accustomed to experiencing throughout the rigor of college study. Tammy, a graduate OT student, offered a detailed exposition of her experience in higher education and defined her idea of traditional acumen. She stated:

I’d say, up to this point (through the first semester of fifth year in college) traditional…I’m sure if I asked some of them (professors), they would argue “I did traditional (formatting), but I did try to put in this, this and that,” but it still falls under traditional because we (learners) still have nothing to do with what is getting done or what we are talking about. Yea…we can ask a
question and go off on a tangent or something, and they (professors) will always answer your questions, but you (the learner) never have a say in what the structure of the class is going to look like, and I look at traditional as they (professors) set up the rubrics, they set up the readings, the assignments, how things are graded…the lecture kind of portion…so I think up until this class (the research elective), I think it has always been traditional. (Lines 127-139 exit interview)

Tammy highlights an important point about course content, assignments and assessment as being at the discretion and determination of the instructor, and she defines her thinking in terms of what makes for a traditional approach. Most college courses generally present the learner with a syllabus on the first day of class which outlines the course description, objectives, policies, readings, assignments, grading scales and a week-by-week accounting of topics and activities that will be provided. This is an expectation, a tradition of the university system, and an assurance from the instructor that said content will be covered over the next fifteen weeks of a semester. A means to promote the agenda of the instructor is common in the teacher-centered environment. Other students’ experiences seemed to mirror Tammy’s.

Tori, a fellow graduate student, discusses her academic journey:

It’s mostly been lecture, traditional lecture, with the professor standing at the front of the room and whether they just talk at you and you take notes that way, or if there is a PowerPoint, or if it’s they write on the board…that’s pretty much what I’ve had for four years (of undergraduate study)…(Lines 48-53 exit interview)

Perception is an individual’s reality, and when it comes to academic formatting, habits and expectations are formed around the most commonly had experiences. One’s understanding of traditional versus more active methods of learning also has bearing on what is reported by the learners as their academic experience.
Constructivist Versus Traditional Acumen

While traditional methods of information dissemination via lecture seem a usual practice in occupational therapy preparation, constructivist techniques such as lab instruction and learn-by-doing are also familiar to therapy and assistant students alike. Constructivist learning is more about active learning for the purpose of creating meaning and is often situated in a social context where people can discuss and engage in activities for the sake of problem solving (Merriam, Caffarella & Baumgartner, 2007). Audrey, an OTA student, discussed her understanding of traditional versus constructivist academic approaches utilized at her institution of higher education:

So our college is notorious for our hands-on learning. Health Sciences is a little bit harder, because we need to know some stuff (content), so we need [emphasis added] to be lectured, but I feel like our lecture is offset with a lot of hands-on learning…there isn’t a lecture that goes by that doesn’t have some kind of video or she’s (the professor) holding something up from the lab…or we were in the lab doing something…uhm with our PowerPoints…I’ve never had a class that was just lecture…there was some sort of discussion or activity. (Lines 62-66 and 69-74 exit interview)

Discussion within the context of the classroom where the instructor is giving content is traditional in approach. Interestingly, Audrey mentioned that when there is challenging content to digest, lecture is needed. This would seem to support her value in traditional lecture formats as dependable and effective in content acquisition. She reports value in hands-on learning as well. A lab experience where a student is engaged in practicing or demonstrating an active skill with others is more constructivist in nature with the learner developing knowledge by engaging in dialogue and tasks about shared problems (Merriam, Caffarella & Baumgartner, 2007). So
while the OT/OTA student may define or interpret the parameters of an academic experience differently, it is reasonable to conclude that they have all been exposed to traditional methods, traditional approaches peppered with doing or active integration, as well as hands-on labs. If these are the familiar or typical methods by which OT/OTA students learn in academia, the question arises about what they are learning within these formats as related to intraprofessional collaboration?

**Intraprofessional Learning**

In an effort to address OT/OTA collaboration, the American Occupational Therapy Association formed a task force in the early 1990s to explore the very topic of intraprofessional relationships. In their *COTA and OTR Education Unit* (1997), it is suggested that OT programming might be tested to see if it is indeed laying the foundation for respectful, and I would add effective, OT/OTA partnerships. The AOTA task force posed six questions surrounding OT educational opportunities and posited that if most of the responses to the questions were “no”, then it is “likely that the students in the education program are relying on trial and error [emphasis added] to learn how to establish partnerships” (p.1). This would include basic readings or lectures that students typically encounter in college surrounding rudimentary working relationships, supervision and signing off on OTA documentation, for example. Utilizing the original six questions set forth by the task force, I polled the research graduate students at the very outset of their research experience. Their responses (located in Table 6) speak to the idea that, for these students, academia is apparently not sufficiently preparing them to be effective counterparts and team players. Of the six questions, only one received unanimously “yes” responses, which implied that for the polled students, the typical OT program is not promoting a practice atmosphere that reinforces trusting or effective relationships.
Interestingly, in this mini-survey, the students’ exposure to interact with their professional counterparts typically occurred only in fieldwork settings and not in academia.

Table 6. Is Academia Laying the Foundation for OT/OTA Partnerships? (AOTA Poll)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Results</th>
<th>% of “No” Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the curriculum build a solid understanding of the education and</td>
<td>Yes 0</td>
<td>100</td>
</tr>
<tr>
<td>expertise of the other partner (OT/OTA)?</td>
<td>No 14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indifferent 0</td>
<td></td>
</tr>
<tr>
<td>2. Do the students have routine exposure to instructors who are modeling</td>
<td>Yes 3</td>
<td>71</td>
</tr>
<tr>
<td>the respect desired for each partner?</td>
<td>No 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indifferent 1</td>
<td></td>
</tr>
<tr>
<td>3. During the academic program do students have direct contact with role</td>
<td>Yes 3</td>
<td>79</td>
</tr>
<tr>
<td>models who represent the other partner?</td>
<td>No 11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indifferent 0</td>
<td></td>
</tr>
<tr>
<td>4. Is there opportunity for OT/OTA students to collaboratively learn</td>
<td>Yes 1</td>
<td>93</td>
</tr>
<tr>
<td>content?</td>
<td>No 13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indifferent 0</td>
<td></td>
</tr>
<tr>
<td>5. Are there opportunities in fieldwork for both levels to interact?</td>
<td>Yes 13</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>No 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indifferent 0</td>
<td></td>
</tr>
<tr>
<td>6. Are contemporary management (supervision) theories incorporated into the</td>
<td>Yes 5</td>
<td>57</td>
</tr>
<tr>
<td>administrative portion of each student’s curricula?</td>
<td>No 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indifferent 1</td>
<td></td>
</tr>
</tbody>
</table>

This lack of academic preparation is supported by graduate student, Theresa. She discussed what her typical OT education has involved, and how the collaborative research elective figured into her experience. She stated:

I’d say traditional lecture is really up there based on the most common (educational method), uhm although junior/senior year we get into a little bit more hands-on with the labs and the learning labs and once you get into field works and you can actually see all the things you are learning in pathology and that, uhm… but this (the research elective) was absolutely different than any other class I have taken in the past. (Lines 58-64 exit interview)

Anytime individuals are pressed to step out of their comfort zone and away from their usual practice, there can be growing pains. In Theresa’s comments, she alludes that she is accustomed to traditional and constructivist methods, but is able to recognize deviations from her usual
experience in the research elective. The students from all four college systems expressed similar sentiments about the atypical nature of the research experience. The next research theme of atypical learning approaches will be discussed next to reflect a substantial finding that students benefit from self-directed and OT/OTA integrated learning strategies when it comes to intraprofessional collaboration in academia. In an effort to deviate from the “trial and error” content acquisition surrounding intraprofessional relationships of the past, this study aimed at thoughtful and intentional focus surrounding the idea of learning to collaborate via collaboration.

**Atypical Approaches to OT/OTA Learning:**

**Learner-Centered Construction of the Research Elective**

Atypical approaches to learning would include any techniques, approaches or formats that are novel, different or deviate from the typical, familiar educational acumen of which students are accustomed in higher education. Case in point is the learner-driven process of the research elective, which required students to take ownership of their learning. When approaching the acquisition of new concepts, skills or practices, an assumption can be made that learners gravitate toward the familiar or typical, or at the least, experience some form of discomfort in the newness. When asked to step outside of the proverbial box and to try new ways of learning, students may actively embrace a change, may have mixed feelings and/or may experience anxiety or confusion initially. This theme demonstrates the palpable difference that this collaborator-constructed, research experience was in practice, and the perceptions and feelings that accompanied the use of atypical academic strategies. In providing opportunities for the collaborators to contribute to their learning journey within the elective, they were challenged to address content of their choosing within the allotted ACOTE standards surrounding collaboration and supervision and to make decisions about activities that supported their
learning. For the *Intraprofessional Elective Course*, content and grading were also negotiated phenomena. For Colleges C and D who were taking other required courses and who opted additionally to integrate in the study, they were given a voice in the intraprofessional content, but were graded by their instructors under their universities regulations. All 64 students were given freedoms to interact, process and think reflectively throughout the semester.

**Learner-Assisted Construction of Course Content**

At the outset of this research, I wanted to provide collaborators with the independence and support to design an intraprofessional experience that was truly their own, that held meaning in each activity and that helped them to develop collaborative and supervisory skills. The notion of a course where students could make decisions regarding formatting and content put the “A” in atypical. In framing the skeleton of the elective course with ACOTE Standards that addressed OT/OTA integration and that exposed them to the core professional documents related to role delineation, supervisory and ethical guidelines, stakeholders were encouraged to speak freely, exchange ideas openly and lead activities which would support cooperation. Student stakeholders were asked to completely rethink how they would like to learn. Interesting, of the 12 students who were interviewed, 100% had never been afforded the freedom to actively plan and execute a course of study. While these students are representative of all four participating college cohorts, it is safe to assume that the remaining 52 stakeholders can be included in that majority as well. Also noteworthy is the fact that 100% of the 64 total student collaborators had never integrated with their intraprofessional counterparts from other universities in an academic capacity (Reichley Dennehy Research Survey Results, 2015). Hence, not only was the idea of learner-assisted course construction atypical; so too was the physical integration of OT/OTA students a foreign concept for them. These stakeholders were asked to step far from the typical
academic experience and be vulnerable to new ideas, new practices, and new ways of learning.

Interview comments ranged from “different” to “odd” to “enjoyable” when faced with this novel undertaking. Alice, an assistant student from College D, admitted that she was initially “skeptical” of working with individuals who were not in her academic cohort and in reference to having creative control of her final intraprofessional dream clinic project, stated:

I think the whole “we had 100% flexibility”…I know a lot of people, at least in my cohort, were like “Oh my God! We actually get to do stuff without depending on our teacher’s opinion”…that kind of freaked some of my friends out in the class and I kind of thought it was awesome because… I can be as creative as I want to with this project. (Lines 101-104, 106-107, 109-110 exit interview)

Tara, a graduate counterpart, also embraced the challenges of her new found freedom to provide input during the semester, expressing how everyone relied on each other and not necessarily on the professor to make connections. Tara offered:

I really enjoyed this experience. It was something really different. I enjoyed, not only the class and the experience that came with it, but …uhm…it was a different class for us where you (instructor/researcher) were sitting there with us as a (doctoral) student…working through the process …It wasn’t you teaching us…it was a different experience all to go through and kind of at first it was like “no, this isn’t the way it is supposed to be”, but then it went (smoothly). (Lines 5-11 exit interview)

Both Alice and Tara expressed the initial disconnect between what students were accustomed to in OT school (the typical) and this neoteric academic approach (the atypical). The reliance on the educator, the expectation of being told how or what to do, and the effort put forth to please the instructor were not the norm in the collaborative elective. The little birds who typically and
willing took the regurgitated worms from their mother were being exposed to a different way metaphorically to be educationally fed. Another difference was articulated by Tammy as she attempted to make sense of the intraprofessional endeavor:

The main one (difference from our typical classroom experiences) being, we would come into each class and say “Ok, what do WE want to get done today? What do you (the learners) want to talk about today?” Uhm… I thought it was nice how you (the instructor/researcher) put a whole list of things on the board, so it wasn’t like we were all sitting there in awkward dead silence …”I don’t know….what do you want to talk about?” …”I don’t know, what are we supposed to be talking about?” … or “I don’t know”…it kind of gave you (the learner) an idea of what we could talk about…and then, there’s a rubric…you could expand on that…and I thought we could still get creative and unique with it. (Lines 141-151 exit interview)

The adult education principle of self-directed learning, where the individual(s) assumes responsibility and control of their knowledge acquisition, and where “their own life experience, existing knowledge, and motivations” serve as the basis for said learning was demonstrated through the students’ perceived creativity (Hansman & Mott, 2010). While some might argue that self-directed learning is a more independent discipline, when a classroom of students are truly encouraged to contribute what they know, it is the self-directed efforts of each person that benefit everyone. Here opportunities were afforded for 64 students to have a voice in content, to experiment with ideas and concepts creatively and to mobilize in a direction that was based upon interest in the topics, what made sense to them and what served the greater good. Not only was the course formatting a participatory investment for the collaborators, so too were the assessment and grading alternatives for Colleges A and B.
Learner-Constructed Assessment and Grades

The collaborators in the elective (Colleges A and B) were given the freedom to choose assessment criteria and grading that they felt was reflective of course outcomes and that they found to be meaningful ways to evaluate understanding. As Colleges C and D were registered for courses in OT Practice and Management respectively, they were mandated by the rules and regulations of each of their institutions for assessment criteria and grading scales. These students did not receive grades from me, but from the instructors of their Practice and Management Courses, as negotiated by all educators in the planning phase of the research.

At the outset of the semester, the students in the elective were posed with the task of creating a list of activities that would serve as assessments and with the decision of a pass/fail or percentage earned grading criteria. While some scholars might balk at allowing student freedoms with outcome measures as creating opportunities for lazy, unmotivated or quiet students to take a back seat in their learning; however, what transpired in the research experience was quite antithetical to this assumption. The student collaborators rose to the challenge to make the most of each experience with their counterparts and to create learning opportunities that were rich, dynamic, challenging and meaningful. Tara discussed her thoughts on her expectations coming into the class and how the students’ decisions helped to shape the overall experience:

At first I came in (at the beginning of the semester) and thought “Oh, we are going to be graded like any other standard class.” You’re (the student) going to have to write a paper or write a journal or something that you get a grade on, but after we discussed the whole pass or fail with all of these different activities, I really enjoyed it, because I didn’t feel like there was pressure on me …it wasn’t about a letter grade…I really appreciated that I didn’t have to write a paper and get an “A”…like, I felt that I could really immerse myself in the curriculum and learn more
because I didn’t feel the pressure of “Oh my God, am I doing ‘A’ work?” or “Am I not up to standard?” I think the grades sometimes get people and it puts stress on people to think if they are performing … and I think with the grade eliminated and you do the activity, and you participate fully, you will get passing grades… I think everyone opened up more and it was more lively in the classroom and everyone would collaborate and talked, and I think it really changed the dynamic in the classroom. (Lines 657-673 exit interview)

Grades can be a motivator or a deterrent for adult students. Several assumptions can be made about assessment, outcomes and letter grades as proof of content acquisition. Some learners hold the gold standard of an “A” as the only viable option for college success, so with this comes the tenacity to do well, but also the pressure and self-deprecation that can occur if the expectations are not achieved. Others may allow the stress of college rigor to interfere with their learning, may be poor test takers or may simply see the value in the grade acquisition and not in the learning. At the start of the graduate semester before the assistant students had joined the elective, Tammy had a discernable reaction when I posed the question “How do you want to be graded?” She emoted:

We’ve had 14-15 years of telling us what to do, the schedule, how grading is going to be, what we are going to be graded on, this is why you are going to be graded on it… and now someone (the instructor/researcher) just asked us how we want to be graded… I was just like “I really [emphasis added] don’t know”… I’ve never been asked that question to be able to answer the question… so I thought that was very cool… and I thought “How do I want to be graded?” And people were freaking… pass/fail… would that be a P or an F on our final report or a letter grade? And I’m like “that’s a good question” … and I was just sitting there thinking… I just take more time, not that I need more time, but I like more time to process things… I was just sitting there
listening to everyone’s input and I kept thinking “oh, that’s a good question”…”that’s a good point.” (Lines 811-825 exit interview)

As surprised as collaborators were to explore new ways of learning, so too were they taken aback by the power to make decisions about assessment and grades. These were pioneering concepts for them and the collaborators took them seriously. Processing and discussion were a huge part of this experience from day one. Tammy describes how she sat and processed the idea of deciding on a grading format, how she listened intently to the comments and inquiries of her fellow classmates, and how she observed the reactions of her peers as they responded to the challenge. Every decision in this research elective belonged to the group, who individually came with ideas, strengths, weaknesses and the goal to learn something new. A great deal of dialogue, weighing the pros and cons of grades versus pass/fail, and then striking a balance that all 18 students collectively could embrace and agree upon, a pass/fail parameter and ten assessment activities were created by the collaborators (14 OT/4 OTA). The students utilized the parameters set forth in their group norms, such as everyone has a voice, everybody’s suggestions and ideas are respected, no one should apologize for speaking up or advocating for what is wanted or needed for the good of the group. Decisions were made every class and in a manner that was respectful, demonstrated partnership, and done in collaboration with everyone on equal footing as peers. In addition to the decisions surrounding learning tasks, activities, guest lecturers, structure of the class and so on, every endeavor was supported with time for processing and reflective thought.

**Processing and Reflection**

Processing information following an activity or learning experience occurred as each student was afforded the opportunity to express their thoughts, air their feelings and ask
questions. In order to process the information, the students also had to be reflective surrounding their personal experience, the interactions that occurred and the way they interpreted what had occurred. Energy, time and effort was afforded in each class to promote intense dialogue about how the experience of the day went, what were the strengths, what could have been done differently, what was the take away? Collaborators appreciated and embraced these opportunities for processing and reflection. As this inquiry was cooperative in nature, maximal participation from all stakeholders was needed to produce the greatest learning benefits. “Validity in the reflection phase is also a function of how fully each person is doing his or her own thinking and not merely echoing the views of one or more other people in the group” (Heron, 1985, p. 132). Many voices were heard in the processing and reflecting surrounding what had transpired to promote intraprofessional partnerships. As this was built into the research course, it was easily integrated as part of the action cycle that incorporated a reflecting aspect. This exercise promoted proactive change or redirection of efforts or new approaches based upon the collaborators thoughts that needed to be made to improve the learning, answer the research questions, and solve problems. Not only the research elective members, but also students from College C during our face-to-face seminar day with them, remarked on the practice of processing during and reflecting after learning activities. One student remarked that she had never processed like this before, found it very helpful and felt it should be part of all academic pursuits. Graduate student, Tori supported these sentiments, by stating:

I …think that processing might have been even more beneficial than anything else… because you do an activity and that is all well and good, but then sitting down and saying “Ok, how did that go? How is everybody feeling? What worked, what didn’t work…how well did we meet the desired objective?” And then going “OK, how did I feel working with this person, how did our
personalities, our own dynamics mesh or how did they clash or how can we work on that to
either better click or work towards getting a better relationship that would make our next project
better?” So it was kind of the constant tweaking, the constant thinking about it, because usually
when you work on projects, you don’t think about that kind of stuff…but being forced to kind of
go “OK…how does this work and how can you apply this to your future when you are working
in the clinic”…you know…I think that was the most helpful for me in terms of that (learning).
(Lines 240-256 exit interview)

Many times over the course of a 15-week semester, there is so much information that needs to be
integrated. Instructors, myself included, struggle with what content to keep, what to supplement
in readings, what is hopefully covered in other classes and on and on. Time for processing and
reflection might be assumed to be a luxury and may be abandoned in an effort to get through
more content. Having lived out this experience with my fellow collaborators truly showed me the
importance of carving out the time to process and reflect. The extra time allotted to discuss what
happened seems to afford greater learning and understanding. Adam, an assistant student from
College B, expressed his thoughts surrounding the importance of learning through reflection:

Things that worked really well (throughout the experience) was the small groups, the
discussions, the reflections on everything was just excellent because most people don’t reflect on
anything, most people don’t question the reasons why and they roll with it and move on to the
next thing. But reflections are very important, especially for insight and you really need to know
how you feel about certain situations, so reflection on that is very important. (Lines 391-398 exit
interview)

Both students assigned a high importance value to processing and reflecting. Tori even felt that it
may have been the most important part of the learning experience. The idea of thinking about an
event and reflecting on it would naturally require the participant in the activity to carefully observe what and how events transpired in order for them to fully appreciate and grasp the experience. This again is where the action research cycle is lived by acting out learning tasks or activities, immersing oneself in the process, observing what happens and then reflecting on the outcome or result. So onward goes the spiral that is action research and with it more discoveries are made. As the collaborators fastidiously constructed their learning, they interacted with their counterparts and began to experience, implement and understand the skills and values which support solid OT/OTA partnerships. The next theme of Intraprofessional Collaboration: Functions and Attributes and the related subthemes of (1) Communication, (2) Character Traits, and (3) Values, will be detailed and support the finding that there is a specific skill-set to intraprofessional collaboration that must be learned/upheld to promote sound partnerships. It is safe to say that we do not emerge from the womb with the innate ability to integrate with others successfully. The nuances of relationships, whether they are personal or professional take time, effort and an understanding of how to apply certain functions, attributes and behaviors that are an integral part of one’s value system.

**Intraprofessional Collaboration: Attributes**

While learners are required to functionally and proficiently communicate their thoughts, feelings and experiences in higher education in written papers, oral presentations, classroom discussions, and tests, with instructors, advisors, fieldwork coordinators and their peers, not all of these encounters and experiences are successful despite the systems’ best laid efforts. Many colleges and universities have opportunities and regulations in place to make the higher learning experience go as smoothly as possible. Freshman Seminar classes designed to integrate students from multiple majors are offered to begin discussions on selected topics, to introduce students
who might not otherwise meet and to provide foundational information for a strong academic and social start to college. Being in a declared major with other like-minded students is another way learners begin making connections with peers. Occupational therapy provides a Student Handbook in freshman year that is utilized through matriculation of their graduate education and contains reference materials, procedural steps for things like dropping and adding classes, and behavioral expectations for on and off campus decorum in a section entitled Professional Behaviors. These are only a few of the supports availed to facilitate growth in academics, in social realms and eventually within the residential and professional communities who are served by the college. So just as adult learners have had typical college experiences tailored to promulgate success, there is still more that can be done to promote integration and collaboration.

As the OT/OTA research learners were integrated across a semester/term, they utilized their established group norms as a guide to interactions which occurred via face-to-face, computer (email, Face Time, Skype, Google Docs) and phone (land line, cell, texting). While Colleges A and B interacted in a face-to-face way throughout the duration, College A also had some shared experiences with Colleges C and D for in person contact, but greater opportunities through the use of electronic technology to communicate. These diverse forms of integration taught the students much about their preferred ways of working together, about the nuances of different communication mediums and about how character traits and value systems are integrated when working with their counterparts toward a goal. As a function of intraprofessional collaboration, the subtheme of communication will be discussed. The importance of communication, preferred types of integration, and the perceived skills of effective interactions will be detailed. Next, the specific character traits of trust, respect and kindness will be discussed as they were isolated as imperative to successful teaming and partnerships. Finally, I
summarize the values of empathy for all and diversity as strength perceived as vital to promoting intraprofessional collaboration.

**Communication**

Communication is a function of intraprofessional collaboration and teaming, and can be defined as “the process of using verbal and nonverbal cues to negotiate a mutually acceptable meaning between two or more people within a particular context or environment” (Lumsden & Lumsden, 1997). Much can be interpreted from the tone, volume, pitch, emotive tenor and expression that goes into verbal communication. Relationships thrive or fail based upon the skills or lack of skills surrounding communication. To delineate the subthemes related to communication, I will first discuss the importance of communication to a professional/academic relationship and will outline the types of communication formats that the students were afforded and preferred. Finally the skills of effective communication will be supported through the eyes of the stakeholders as they experienced successes and failures in this arena.

**Importance of communication.** Verbal messaging affords an abundance of thoughts, opinions, ideas and insights from one person to another. Likewise, nonverbal messaging can provide a wealth of information regarding mood, receptivity, engagement and investment. Both aspects of communication provide valuable cues that help to inform and guide the listener. Alice, an assistant student, discussed the importance of non-verbals to communication.

Nonverbal(s)...are so important...they are like 90% of communication and I don’t like cutting that .....out because I talk with my hands and I talk with inflection and I’m sarcastic all the time and none of that comes through a text and it slows me down. (Lines 398-402 in exit interview) Face-to-face interactions afford the benefits of both types of cues, and to a degree so do smart phone or computer Face Time or Skype. However, when using certain methods of
communication such as email, texting, and even writing, there is room for misinterpretation because there are no indicators other than the words and the punctuation as to the meaning. On the other hand, computer and phone screens place a barrier between the communicators, which may afford productive time to think before responding. While the preferred method of interfacing is a personal choice, communication is a necessary part of an intraprofessional partnership. When interviewees were asked what they would talk about if they had to give a professional inservice on intraprofessional relationships, Angie, a second degree student pursuing her OTA responded:

I think communication was probably the most important thing, because obviously if you don’t communicate, you are not going to know “Are we going to be able to work together?”…”Are we going to be able to meet?”…”Are we even going to get the project done?”…or “Are you going to do this part of the project and I’m going to do this part of the project and we are just going to come together and present it?”…I think you would also talk about…the importance of being organized, the importance of planning…just coming together and using all these…technologies that we have now…there would really never be any reason, unless you were …like older and maybe technology wasn’t your thing… but I mean, even if it wasn’t your thing, just still working around that …and I mean you just kind of have to be open to …having 50% of what you want…you have to compromise… you can’t have it all your way…so a lot of the times you are going to have to compromise. (Lines 710-727 exit interview)

She makes several valid points here. Communication is vital to working together. Currently there are many ways for OT/OTAs to interface, be it in person or via electronic technology, so there are greater mechanisms for promoting collaboration than ever before. While Baby Boomers and Generation X therapists and assistants may not be as comfortable using technology
as Gen Next and Y’s are, computer skills can be learned and a vast majority of workplaces are computer hardwired. Finally in any type of communication, compromise is vital. That being said, I wondered what the actual preferred method of integration for OT/OTA students would be, especially in 2015-2016 where there are greater options and means of putting two heads together to problem solve?

A general consideration to be made about the type or method of communication used would be that it works for all parties involved. Establishing parameters and expectations as to what works best in a partnership or team at the outset is a good idea for laying the groundwork.

Tess shares her learning as a graduate collaborator:

I think that I learned that communication is one of the most important things…in face (person) or in email…but also thinking if you can’t do in face, just making a phone call because email can be very hard and sometimes people don’t respond, so just figuring out with your COTA what’s their best form…like do they check their email daily…what is it that you can do with them that is professional and is the best communication form for both of you? (Lines 253-260 exit survey)

Being considerate of what your team member prefers as a communication style demonstrates concern, investment in the relationship and open communication as the hallmark. While Tess extrapolated on several ways to communicate, she admitted, “I kind of learned that in person is a little easier than with email” (Lines 16-17 exit interview). Her elective cohort unanimously agreed that face-to-face was the preferred method of interaction. Theresa chose “… face to face, I definitely thought that was the best type of communication. I got to know them (OTAs from College B) much better and we really seemed to build a relationship with them” (Lines 29-31 exit interview). I found it fascinating that while face-to-face contact and dialogue between OT/OTA students was seen as the ideal in 1993 when the AOTA Representative Assembly
drafted their resolution, 23 years later, student collaborators still support this method as the most preferable despite other newer, tech-savvy ways to interface. Direct, in person contact may be ideal, but it is not always the reality. In professional practice, OTs and OTAs do not always work side by side every day or even in the same clinic. Communication must be effectively exercised within working teams regardless of the format to ensure safe, effective, competent occupational therapy provision. So what then defines good communication in terms of skills or practices that the collaborators discovered together over the semester/term?

**Skills of effective communication.** Effective communication is presumed to be the skill set that promotes positive self-regard, a collaborative spirit and a comprehensive understanding of what the other means, wants or needs. As students from the four colleges integrated in person and/or from a distance, they were beginning to experience first hand what facilitated the process of communication: being clear about what and how words come out of your mouth, being open and honest, defining expectations, and being mindful of what goes into your ears. Assumptions are sometimes made that communication is all about the art of rhetoric. There is a distinctive skill to expressing what you truly mean, need or want in a way that will be well received by the listener. Theresa, a graduate student, discussed how her experiences in the research elective built upon communication skills:

As far as communication, all the activities that required “you have to speak up” and to say what you mean and just being clear and knowing what your expectations are, I think that was definitely helpful as far as knowing how to communicate with someone in the way that isn’t condescending or isn’t too authoritative but you still get the results you were hoping for. (Lines 136-142 exit interview)
Being mindful about clarity and how things are said are imperative to the receptivity of the message. To further illustrate this idea, a learner-constructed experience surrounding communication was chosen by one of the OTA students. During this activity, I was asked to leave the room and the door was closed behind me. All 18 of the elective research members stayed inside the room and when they were ready, they summoned me back. Everyone sat looking at me and began to repeat the word “baloney.” I was given no instructions as to what to do. I too started repeating the word “baloney” with my students. I experienced no perceptible result or change in their behavior. I began to move about the room, and I noticed that with my movements, the tone, the loudness, the pitch of the voices would change. “It didn’t take me long to realize that when I did something ‘wrong,’ their voices got deeper and more disapproving. When I seemed to be getting ‘warmer,’ their voices were higher, sweeter and more approving” (Reichley Dennehy Fieldnotes, 2015). It took me approximately three minutes to work my way to the back of the room, to identify the “correct” student, and to give her a hug, much to the delight and rousing applause of the 18. The students were impressed at the speed and ease at which I seemed to figure out what they wanted me to do, just by following NOT what they said, but HOW they said it. This was a powerful activity that seemed to strike a cord with everyone.

In processing this exercise, Adam, the assistant student who ran the group commented, “sometimes it’s not what we say, but how we say it that makes all the difference!” Theresa’s comment about not being condescending or too authoritative when communicating, demonstrated her understanding of the importance of how things are said, and when trying to create an effective partnership, being a clanging symbol or a noisy gong are nonnegotiable. Honesty is yet another attribute that is important in not only communications, but in relationship development at large.
Tara demonstrated her knowledge in how things are communicated by stating “you need to communicate your honesty, you need to be very clear…uh, and voice your opinion in a very professional way.” (Lines 462-465 exit interview) Tilly added the importance of the OT/OTA being on the same page, which reflects the idea of relying on each other to honestly divulge what they know that could add to an outcome. She stated “I just think it’s important to always be on the same page, so even if that means just shooting them (your counterpart) an email in the morning and saying ‘hey, I saw this client yesterday and…’ so they aren’t walking in cold.” (Lines 389-393 exit interview). This kind of thinking about communication demonstrates a true partnership, one person looking out for the good of their counterpart and ultimately for the good of their client. Being open, honest, forthcoming and professional about events that have transpired, or could potentially happen puts everyone in the know. As one team member verbalizes/emails/calls, the other partner needs to be responsible for hearing and processing what has been said. Active listening goes hand in hand in the communication process. Just like there is no peanut butter and jelly sandwich without the bread, there can be no effective communication without listening.

Active listening is an intellectual interpretation or experience of what has been said that goes on in the head of the receiver. According to Lumsden and Lumsden (1997), active listening is a series of deliberate behaviors which helps to process information, and which include screening out distractions, focusing to obtain main points, organizing the information and analyzing it for action. Tammy reflected on the importance of listening, stating “this class and school has definitely taught me to be more of a listener, instead of whispered ‘what am I going to say next…what am I going to say next?’…because then you lose everything that just happened” (Lines 479-483 exit interview). As humans, we have a tendency to have an ongoing
dialogue of our own thoughts running through our head at any given time. This creates problems for reciprocal communication, because it does not allow for us to truly hear what was said by failing to screen out those distractions. Ripple effects can then happen when only half of the information is really heard, when information is misinterpreted or worse when it is ignored all together. In health care, where quick decisions about client status, discharge planning and safety are daily occurrences, it is imperative that the OT/OTA partnership involves skillful communication, open and honest dialogue, active listening, and a mindfulness of how information is delivered. Austin, a second degree OTA student from College C, supported these ideas and added:

I think that communication is key…not just being able to express yourself, but also being able to be a good listener to the other members of your team… and I think it helps to be open-minded definitely…not set in your way, but you listen to what other people say, but also willing to try what they are saying also…I think it’s one of the most important things, that you all know you are working toward a common goal (Lines 308-310, 320-325 exit interview).

In addition to the notion of communication as key to intraprofessional relationships are the characteristics or traits which many collaborators felt were essential to demonstrate as ethical, decent OT practitioners. Of the lists of preferences of character traits which promote intraprofessional relationships, trust, respect and kindness were seen time and time again throughout the coding and constant comparative analysis of the interview and survey data. These three traits warrant discussion in their importance as key players in any relational situation.
Character Traits

Character traits are such aspects of a person as trust, honesty, respect and kindness which have a direct bearing on the success or failure of a relationship. The first character trait was trust in relationships and was explored in the exit survey.

**Trust.** Both OT and OTA students alike reported a high value on the trait of trust at fostering sound intraprofessional relationships. Of 64 intraprofessional collaborators, 14 OT and 50 OTA students, 64 students answered a question, with 98% agreeing, that trust was important in developing effective intraprofessional relationships (Reichley Dennehy Survey, 2015).

Several comments that came from that narrative inquiry on the surveys are included in Table 7:

Table 7. Trust in Intraprofessional Relationships

<table>
<thead>
<tr>
<th>Quote</th>
<th>Collaborator: OT or OTA</th>
</tr>
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<tbody>
<tr>
<td>Without trust, there is no respect. With no respect, there is no relationship.</td>
<td>OTA</td>
</tr>
<tr>
<td>If I didn’t feel I could trust the OT, I wouldn’t want to treat based on their evaluation. If they didn’t feel they could trust me, they wouldn’t feel comfortable signing off on my treatment.</td>
<td>OTA</td>
</tr>
<tr>
<td>Trust takes years to build and seconds to destroy.</td>
<td>OT</td>
</tr>
<tr>
<td>Trust is most important in an effective relationship because it creates a sense of unity from which a great bond can grow.</td>
<td>OT</td>
</tr>
<tr>
<td>Trust is the root of every relationship especially when clients’ health and rehab is our responsibility.</td>
<td>OTA</td>
</tr>
</tbody>
</table>

American novelist Ernest Hemingway is credited with having said, “the best way to know if you can trust someone is to trust them.” This would seem sage advice, because if you begin on the high ground with relationships, and assume the best in people, they generally rise to meet the expectation. If you give trust, you will get trust. While that is a very humanistic mindset, occupational therapy has foundations in humanism, a philosophy that is fluid and positively oriented, supporting the ideas that people are capable of change and generally good by nature.
(Wagenfeld, 2016). We are service professionals, and we are charged as OT practitioners with bringing out the best in our clients. Not only do our treatment populations need to trust that we will give them the best practice in area of expertise, so too must fellow practitioners trust one another that the job will be done well, that fellow professionals will demonstrate carry through and do what they said they would do, and that privacy and confidentiality are maintained. Also if either the OT or the OTA in the partnership have a question, are confused about something, they can trust to come to each other for those open, candid conversations that were thematically identified as supportive of intraprofessional success. While students unanimously agreed on the importance of trust, they were not all equally comfortable with the idea of giving trust.

Trust is something that may be easier for some than for others. Tammy, a student from College A, allowed herself to be vulnerable and to speak honestly about trusting her counterpart from College D in relation to working on a semester-long project with her:

I don’t always need to be in control…(but giving things up is difficult)…I think it happens with trust…and I’m not one to trust easily… but I think there was a moment when I just truly trusted my buddy …and I just truly trusted her and I am sitting here on my lap top and I just felt so confident in her … and I really don’t or shouldn’t be like this, and in my mind, I have no reason to be…I never worked on anything with her before to know that she is going to come through for me on this…that she’s going to get it done, that it’s going to be great… I have no reason to, but I just feel I know she is going to get it done…and so trust is a huge thing… and you just have to be able to give it to Jesus. (Lines 943-959 exit interview)

There is a level of comfort when trust exists in a partnership. Trusting leads to greater ease in the day-to-day functioning of occupational therapy. Being able to trust that someone is competent in their job, in their very specific therapy skill set, fosters positive regard and a mutual
sharing or responsibility in the successes and difficulties. As a survey respondent so aptly pointed out, “without trust, there is no respect.” Trust and respect are seemingly bedfellows, a symbiotic paring where one is not without the other.

**Respect.** A second character trait was respect or positive regard. Respect or positive regard refer to the feeling of confidence in others distinct abilities and a willingness to let one’s counterpart do what they are trained to do without hesitation or fear. These are essential in a leveled field such as occupational therapy, where different roles and responsibilities are indispensable to the overall functioning and success of the clinic, and where each compliments one another for the good of the clients who are being served. For example, Tilly, a graduate collaborator, discussed how respect ties into knowing and appreciating roles:

> If you don’t know somebody that well, you have to trust them or there’s no point … and also respect, which I think goes along with knowing roles and understanding experience… “you have a lot of experience too, I have a little bit of experience, so I’m going to respect who you are … I’m going to respect your role”… I think that goes along with not asking someone to do something that is out of their scope of practice or something they are not comfortable with … so again, getting to know them and figuring out what they are comfortable doing. (Lines 379-388 exit interview)

Once again there is seen a direct relationship between trust and respect in intraprofessional relationships. Respecting an individual for who they are, for the distinct skills and knowledge they bring to the work and for not getting in the way of someone who is performing a skill or task for which he/she has been well trained. This type of behavior also shows consideration and kindness toward a fellow counterpart.
Kindness. A third theme of being kind was also isolated by many of the research collaborators as key to promoting intraprofessional collaboration. One of our OTA elective members, Adam, constantly said “remember to kill them with kindness” every time we collectively processed a difficult topic, an idea surrounding conflict resolution, or how to solve a problem such as someone not returning an email or phone call. Kindness does go a long way in the world and while its message may seem unsophisticated, its power lies in its sincere intent and simplicity. Tori shared what she believes to be her role or responsibility each day:

I think my role is to be the most professional, nicest person I can be and then being trustworthy and being respectable and being …like I respect people, but you have to be worthy of respect in order to get respect back…so just being kind of the best person I can be and then just being open to working with people …like I like working with people…I think you put more brains together that that can only help …uhm you know kind of being…uhm kind to people and just being, not go with the flow, but just knowing the give and take of relationships….compromise …being able to go “OK” and just compromising for the betterment of the work relationship, for the betterment of the workplace, for the betterment of the patient…I think it all kind of goes back to that. (Lines 533-546 exit interview)

These few sentences are packed with jewels of wisdom for intraprofessional collaborative success. Be trustworthy and respectful and it will come back to you. Be kind to people, and it will come back to you. Tori begins her list of aspirations with the notion of professionalism, characteristics of value systems lived out in practice. Professional behaviors are indeed important in occupational therapy and in intraprofessional relationships. As stated earlier, OT/OTA students are given handbooks in academia which outline professional expectations of behaving and representing oneself. These behaviors are innately based upon values that speak to
who we are and what we believe is fair, decent and right. Findings from the research data suggest that empathy for all and diversity as strength are perceived values that specifically foster partnerships and teaming.

**Value-Laden Behaviors**

Values are “principles, standards, or qualities considered worthwhile by the [person] who holds them” (AOTA, 2014, p. S7). Values serve as a guide or divining rod to all things upright and ethical. Professional relationships are documented within the Occupational Therapy Code of Ethics and focus on the issue of respect and the quality of service, the behaviors of which reflect not only on the individual, but on the profession as a whole. These behaviors are value laden and come from an individual commitment to do good and to serve.

**Empathy.** For those who enter a service profession, such as OT, the assumption exists that people are guided by a sold sense of values in their interactions with others. In the day-to-day work world, not every encounter is utopian bliss. Angie, a current OTA student who has worked in other capacities previously, shared some considerations to working with others:

…how you are going to have to act when you are in the work force and you are having to interact with all different kinds of people…you may not get along with them and you may not agree with them but you are still going to have to work with them, so you are going to have to have some sort of coping skill. (Lines 71-76 exit interview)

This is where empathy can be a useful skill. In creating productive team climates, there are several options that can be chosen (1) empathy, (2) neutrality, and (3) disregard. Empathy is the ability to “feel what someone else is feeling, that you care and want to understand, you give support and you keep the climate open” (Lumsden & Lumsden, 1997, p. 92). Neutrality can be demonstrated when one doesn’t know what to do or think or doesn’t want to invest the time to
understand. Disregard is the most negative choice on the spectrum and can show blatant lack of concern, potentially manifesting defensiveness and breakdowns in communication. Empathy is an appreciation that people do have circumstances in their personal lives that add to the complexity of work life. Theresa shared “everyone’s got something going on, so you might not know about…so everyone has a bad day.” (Line 375-6 exit interview) This demonstrates empathy in that she appreciated that everyone struggles from time to time, and having an awareness and an understanding of how life intervenes within the context of work life can help in difficult times. Tammy added:

I think there has to be a sense of empathy …because you kind of have to understand, and even though you might not really understand where they are coming from, you have to try …everyone has been raised differently, everyone has a different background…everyone is coming into work from the night before…and you don’t know what happened the night before in their personal life that could be affecting their work life…or kind of the way they go about things…you have to say ‘She might not be a terrible person because she approached this situation like this’… she might be …that may be how she is accustomed to doing it…or maybe someone who taught her, did that… you know what I mean…you just kind of have to take a step back…and be like what’s the real reason for that action. (Lines 695-710 exit interview)

A human response may be a negative one where feelings from how a counterpart acts in a given situation repel fellow counterparts. To be empathetic allows a more positive understanding and helps to reframe a potentially negative encounter. As part of the co-constructed elective, a guest speaker with a specialization in communications was invited to class. Tilly spoke about her experience learning from this guest about the concept of reframing her thinking and approach in her exit interview, as well as in her free-write journal entry. She wrote, “I never heard
specifically (the term) ‘reframing’. This transformation of negative energy really fascinated me. I think it is the perfect combination of validating someone’s feelings and moving past (the difficulty) to make something good come out of the situation” (Journal entry, Nov. 2015). She continued:

It (the concept of reframing)…was really honestly eye opening to me in a very interesting way, so I think that will stay with me … especially since I am so into psychosocial OT, so I think that that whole idea and then how you can apply it with your coworkers as well as with your clients…I would definitely try to use the reframing approach and again, it’s part of reframing, where is that person coming from, what is their point of view and why, why are they doing this?

And that’s really like psychosocial OT. (Lines 569-573, 577-581 exit interview)

That is really empathy. Empathy is about meeting people where they are and trying to understand their perspective. As we all come from different backgrounds, educational and personal learning experiences, the ability to view diversity or difference as a strength is another finding which supports intraprofessional collaboration and working relationships.

**Diversity as strength.** When working with homogeneous groups, difference is not always experienced on a daily basis. The graduate student group, as previously mentioned, was similar in their demographic profiles, as well as the fact that they were all traditional college students, having come straight from high school into higher education. As they began to integrate with OTA schools which had a higher percentage of non-traditional students, they began to understand different perspectives, different life paths, and different motivations for being an assistant over a therapist. Tilly discussed homogeneity versus diversity, as she experienced her OT/OTA integration process from the perspective of a traditional student:
I think, I was surprised at how similar everyone’s reasons for coming into OT were… everyone was like “I wanted a helping profession, but also I also kind of wanted to do something medical, but not really”… I was also really surprised at all of the backgrounds that the OTAs had … like one of my counterparts had studied radiology before she chose OTA… so it was just neat to talk to her about how radiology might apply or to hear her talk about “well, the technical skills don’t really apply, but we learned about how to deal with this particular situation and that really applies to working with clients in the clinic”… so I think that surprised me about how different backgrounds can come into OT… at our college we don’t normally think about that because everyone here is from affluent white areas and we are all female… so we are all traditional students coming right out of high school… so I think it is an important reality check, but I also feel it is a good reality check in that we don’t have all of the knowledge or background that other students might. (Lines 253-271 exit interview)

This was an eye-opening experience for Tilly and the rest of her cohort that they would not have otherwise seen, had they not integrated with their intraprofessional counterparts. An assumption can be made that when students are in the midst of their academic journey, they become somewhat myopic. They learn what they are exposed to within their own context and environments. It is when afforded the opportunity to step into others’ academic worlds that the microcosm becomes broader. Traditional students meet other people who have other degrees, other backgrounds, other perspectives and their worldview begins to grow. Recognizing that assistant students have degrees in radiology, kinesiology, business and on and on, provided an opportunity for the OT students to reframe their thinking about who their counterparts really are, what their intellectual interests and backgrounds include, how they view the world of OT and their role in it. These were valuable lessons that don’t seem to translate from the pages of a
textbook or even from discussions in lectures. Not only was understanding backgrounds of peers and counterparts important to relationship building, but it apparently added confidence in their knowledge base, skill set and perspective. Theresa supported this idea:

I’d say just being open to the experiences that others have to bring to the table and being accepting and aware of different skill sets that each individual might bring to the table whether it is communication skills or practical skills that can be used with a client or just professional ability. (Lines 652-657 exit interview)

Tess, also embraced the fact that everyone is different and added:

With relationships you have to be flexible and not be like “This is my way and it’s the only way it’s going to be…This is the way this is going to happen”…you kind of have to have flexibility because everyone is different and you’ve just got to learn from each other. (Lines 481-486 exit survey)

Where two or more minds come together, multiple ideas can be generated to garner the best options. Both OT and OTA students learn very specific skill sets and have equally vital roles in the overall outcomes of their client populations. Tammy shared her learning, via this integrated experience, with a return-to-college OTA counterpart who had an advanced degree:

I think that is the biggest thing I have learned…is how to appreciate other people’s knowledge about anything and be able to have an appreciation for…and just like a respect [emphasis added] for it… and not feeling belittled or less than them, but feeling equal and just more appreciative…of what they have to offer. (Lines 668-674 exit interview)

So while the traditional graduate students may have entered the semester knowing they would experience difference, perhaps feeling somewhat disconcerted about how it would go, who they would meet and where they fit in, the integration proved successful in demonstrating the
strength, added knowledge and rich perspective that difference brings to the intraprofessional
dynamic. As students met, worked together, participated in formal and informal learning
activities and attempted to fully integrate with their counterparts, the semester/term moved
swiftly. Collaborators were busy meeting face-to-face in class every week, were communicating
outside of class via electronic journals several times and were integrating via methods of their
own choosing to work on their dream clinic projects. With intense amounts of OT/OTA
integration, I wondered how and if connections were being made, and how stakeholders felt they
were learning the functions and attributes of developing intraprofessional relationships?
Learners were demonstrative when it came to sharing information about connections and
relational activity, and the third theme was revealed as Rome Wasn’t Built in a Day: Neither are
Relationships. This theme is further divided into the subthemes of (1) Developing Connections
and (2) Engaging in a Community of Practice. With any relationship considered worth having,
time is generally a necessary ingredient to develop, cultivate and sustain it.

Rome Wasn’t Built in a Day: Neither are Relationships

The adage “Rome Wasn’t Built in a Day” is said to be of French origin and implies that it
takes time to create great things (http://dictionary.cambridge.org/). This saying speaks to many
aspects of occupational therapy. Associate, Bachelor and Master’s Degrees take years of study
and commitment to successfully actualize. Time is needed to hone therapeutic assessment and
intervention skills, to learn to utilize the self as a tool to help clients realize their functional
potential, and to have a working understanding of how theory augments and provides a lens
through which to deliver sound treatment. So too does it take time to develop an understanding
of the roles, strengths, and attributes of assistants and therapists. Understanding how each aspect
of the profession compliments the other and how OT/OTAs support, advocate for and respect
one another doesn’t happen over night. So how are connections and communities forged in support of intraprofessional relationships?

**Developing Connections**

Developing connections refers to the ability of two or more people to form a bond, a common perspective, or a fond association with each other. When students from a given cohort are integrated with learners from other schools, other degree programs, other geographic areas, a period of adjustment can be expected and proved to be the typical response with the research stakeholders from the four cooperating institutions. Important to mention again, none of the 64 students had ever integrated with peers from other OT programs in their academic preparation, so this was an atypical undertaking for all of them. The collaborators almost overwhelmingly remarked that connections rarely occurred immediately and relationship building took work. Tammy candidly reported “there was not an initial relationship where I thought ‘wow, we’re connecting!’ “ (Lines 490-492 exit interview) Tess supported her graduate cohort’s feelings in discussing her own thoughts about the need for time in the development of relationships:

I think they (relationships) all developed over time…I don’t think that anyone was like “Oh, we’re best friends” or “this is going to be a great relationship”…I think it kind of grew because I think some people initially were quieter and, I think it is easier to get more of an immediate connection when it is face-to-face…and there was a little bit more with them, but again, some of them were a little bit quieter…so depending on the situation it took a little bit more for them to talk…and I think that bon fire when we were all just outside of the classroom, just relaxing, it just felt very natural and then I was like…Ok the relationship kind of built more outside the classroom. (Lines 139-151 exit interview)
Two important ideas are pointed out here: (1) connections and especially relationships do not generally occur immediately, and (2) informal experiences are important for learning and for the development of such associations. When people meet, first impressions are made. Some people are gregarious and outgoing, some are quiet and introverted, some loathe the social experience, some warm up over time. There are no two people or meeting experiences exactly alike. With this can come anxiety for some people as they attempt to put their best foot forward and smile through the stress. In formal classroom education, one could assume there is less of a social demand, as the focus is more on content to be covered, activities and assessments to be done and a prescribed end time for each class to anticipate. Also, as previously stated, there is a degree of comfort with typical academic formatting in educational settings. Learning for adults also does occur in informal settings which includes everyday life outside of the classroom. In the learner-centered elective, I wanted to afford opportunities for both formal and informal learning. I asked students, in their small groups of 2 OTAS: 7 OTS to plan a fun activity where they could meet outside of class, integrate and discuss content from a reading they had done for the prescribed week. One of the two groups selected a bonfire at a graduate student’s home. They apparently worked together to light the fire, cook their food and mostly chatted and laughed. I intentionally did not attend either informal activity, to give the collaborators an opportunity to be fully themselves and not feel as though they were under some perceived microscope. This informal activity was valuable in the formation of relationships among the group. Several students shared about it in their journals and in their exit interviews. Tilly wrote in her journal:

This was a whole lot of fun! I think the bonfire was a great decision on our part because we all had the opportunity to bring something to eat but didn’t have the obligation to spend a whole lot of money. Going to (the host’s) house for the bonfire was also a great idea because we were
really able to welcome them (the OTAS) into our personal lives in a way. We had a very relaxed start because, (our host) wasn’t sure how to start the fire. It all worked out, and we all eventually were able to get something to eat. We were slightly divided at first, with the OT students talking and bustling about with food and the two OTA students standing slightly apart. We sat around the bonfire like this, but I think the circle helped us feel like one group. (Journal entry, October 2015)

In processing the informal activities the next week in class, everyone laughed when they realized that they had to collaborate and problem-solve as a group to accomplish the goal of building the bonfire. These were the exact, authentic and unplanned types of challenges I hoped the learners would embrace together throughout their experience of learning to partner and team. Tilly discussed how it took a little time for everyone to integrate, but that the informal experience indeed added to relationship building with their OTA counterparts.

While one might assume that relationships developed only between the students and schools who had never met, interestingly the graduate students felt that their own cohort grew closer despite having been together for the past four years of study. Tori shared:

I enjoyed meeting and collaborating with all of the other schools …it was really fun and I did enjoy it, but as far as surprising…even with our 14 (graduate students)…obviously I know all of them…I was never close friends with a lot of them… so I was surprised at how much closer I got with them…because usually with group projects or whatever I just stick with the same people who you know you can work with and you know you will do well with and kind of just focus on that…uhm but I got to work with and became closer to people that I didn’t really have occasion to before hand. (Lines 821- 831 exit interview)
Also unique to this research semester, was the travel involved in getting from one school to the next for classes and for opportunities to integrate. College A traveled to B, C and D. College B traveled to A and C. The other colleges were not required to travel, even though at least one of College D’s students independently elected to visit College A to spend time with her partner, to work on their dream project and to tour the school. Experiencing other campuses afforded students the ability to contextualize where their counterparts’ learn, exposed them to different environments within the realm of academia, and helped to level the playing field by demonstrating effort to meet collaborators on their own home turf. In doing so, College A spent a good bit of time in university vans. This was another opportunity to get to know their cohort members better via the nature of road trips, such as stops at Star Bucks and playing traveling games like *Never Have I Ever*. When students were asked at what points in the semester were they connecting, Theresa concurred that the road trips were really fun and productive for getting to know people. Additionally she found meaning with her College B counterparts:

> It was a good experience just interacting with other people…but the one person from College B… I had some really good interactions with him too…uhm and I remember that he came up to me and my roommate after our very last class together and he gave us a hug and thanked us for how welcoming we were and he had always felt that …the two of us were the people who had reached out to him from the first day and he felt he could talk to and felt comfortable sitting near and having conversation with and I don’t know, that just meant a lot that someone was willing to say that …uhm…it kind of reaffirmed everything too. (Lines 695-697, 699-707 exit interview)

Interestingly, Adam who was Theresa’s counterpart, spoke of the same encounter without my prompting or questioning specific to this situation:
My most profound experience is when you are a smaller group entering a larger group, my most profound experience was when actually …I forget the activity we were going to do, but I kind of shied away a little bit and one of the grad students came over and grabbed me by the arm and said ‘Come on! You’re one of us!’ And she just yanked me in….and that was probably my most profound moment and that act alone made me feel accepted into the group…like I was valued, like I mattered, so I think that was definitely my most profound moment (the joy in his voice was audible). (Lines 304-314 exit interview)

In this one experience, the attributes and character traits of intraprofessional collaboration are being lived out. Learners were communicating, they are being inclusive, supportive and kind, they showed respect and a genuine desire to work and integrate together. They were constructing academic experiences where they were developing the skills of effective partnering. Ironically, the activity which Adam could not remember doing at the outset of his profound experience, was a trust walk, where he was one of the blindfolded individuals in the task. So while he did not remember specifically that the exercise was designed for him to develop trust in others, he did feel integrated, safe and a part of something that was bigger than himself, a community.

**Engaging in a Community of Practice**

In the theoretical situated learning lens of my research, communities of practice model was suggested by Lave and Wenger as a paradigm shift where learning is not viewed as something to be acquired, but instead as something to be experienced through participation with others in their specific communities (1991). Said less formally and perhaps more perspicaviously, Tess discussed her understanding of being part of her research, academic, intellectual, social and therapy community:
I think that it (the research experience at large) was just so open that it allowed us to kind of grow and learn more about the OT community …uhm, because it wasn’t structured…you have to learn this, this, and this…it kind of allowed us (the freedom) to figure out how we want to learn about our community and how do we want to go out to practice, because we are going to be going out into practice very soon…so it’s kind of like learning our own ways, so I think the action research was just very open and let that flow very easily. (Lines 306-314 exit interview)

This is reminiscent of viewing learning and experience from an atypical perspective versus a typical one, as was discussed in the first thematic finding. For Tess, the value in learning about the community, in being productive in the community and in anticipating integration in the professional community, was not about imposed structure, demands and required content to “have” by semester’s end. It was all about the freedom to decide what learning should be respective of the community, for the good of the community and taking these new ways of learning into professional practice to support and enrich that community. Similarly, Tara, a fellow graduate OT student added:

I think every time they (College B) came here or we (College A) went there, I feel like we were all in it together, like we weren’t worried about anything else…like we were very focused on what we were doing, getting to know about everyone and we all had a single mission (of integration for intraprofessional collaboration) and that is what we were going to accomplish. (Lines 779-784 exit interview)

Here we can see that the learners were coming into the community with a sole focus of collaboration, or accomplishing something together which is the very definition of collaboration. Tilly addresses her understanding of a more mature community which transpired as participants became increasingly integrated with one another.
I think that (a community of practice) would be… uhm, the coming together of OT practitioners from all different backgrounds and the recognition of a common goal or like developing passions within, like a group passion, almost and I guess network is another way to look at it …uhm…yea…and just fostering relationships between people, because again, community…I think that’s a big part of it…not just being able to work well together, but actually getting to know one another and having a relationship with somebody. (Lines 603-611 exit interview)

This growth or progression is what Lave and Wenger would define as legitimate peripheral participation in the development of the community (1991). At the outset of the semester the students from different schools came together, all on the periphery of the new experience, with the sole focus of collaborating. By the end of the semester/term, they developed the capacity to recognize that the community becomes larger as they enter fieldwork and professional practice and that their role as participants in the community is active, dynamic and comes with it the responsibility to promote relationships.

According to the community of practice model, we grow and develop to be more well integrated members of the community. So how then does peripheral participation become integral participation? The answer may seem over simplified, but the collaborators seemed to indicate that “doing” is the answer. Doing and practicing the skills and attributes, understanding the professional, ethical and legal regulations and communicating the needs of the community and the partnership and recognizing ones fit within, builds, strengthens and broadens fuller inclusion. Annie, an assistant from College B, spoke about her feeling part of a community during the seminar day at College C:

I think it is always so nice to come together and I am such a people person so being able to learn with a bunch of new students and everything is always a great experience…and uhm, it’s also
just great to hear what others have to bring to the table I think and learn from them as well… I think for us, or for me personally it was super emotional, actually, because I got so much out of that day and to hear like everybody come together and talk about our love and passion for OT was just very special …uhm…and again, like everybody gelled so well and made the most out of that day, so I think it was really neat. (Lines 72-77 and 82-87 exit interview)

Just as the occupational therapy profession hosts annual state and national conferences, students from Colleges A, B and C integrated in a similar format via the *Intraprofessional Collaboration Seminar Day*. Learners from the academic communities came together at College C in the interest of OT, to promote OT/OTA practitioners working together and for the good of learning and research. So whether the students (from Colleges A and B) were leading the seminar, or were receiving the information (from College C), all were physically interfacing with their OT/OTA counterparts and the academic intraprofessional community was well supported and represented. Audrey, an assistant student from College C, offered her opinion post experience, stating “I wish we had an opportunity to prepare something for the visiting students, because it felt more like we were being taught.” (Lines 33-35 exit survey) She was excited to have an active role in the leadership of the day, and reflected exactly the intent of the seminar which was College A and B’s semester/term long learning in the form of a completely student-run seminar. Perhaps it was not what she expected, but by using the word “taught,” an implication for learning on behalf of College C and for having a command of intraprofessional collaboration from Colleges A and B, so as to teach it, was met. So whether a community is interacting in academic pursuits, leading seminar/conference events, or working on a dream OT clinic project, all efforts were done together for the good of learning to be dynamic OT/OTA students who will become further integrated into larger field work and then professional arenas. Community speaks to
members of a collective of individuals who make up a whole. Within the scope of the research, the individual stakeholders learned the importance of the “me” which equals self-awareness and the “we” which speaks to teaming for the sake of carrying out professional roles and supervision. Self-awareness and teaming go hand in hand in the work world of OT practice. First I will discuss how self-awareness not only relates to the individual, but further impacts others. Second, the notion of teaming specific to role delineation and supervision will be detailed.

The Me and the We: Intraprofessional Integration

The adage “there is no I in TEAM” might suggest that partnerships are all about the collective, the mass effort or the group. I would argue that one plus one equals two and that every team is composed of “I”ndividuals who add to the purpose of the congeries. Within the context of academia at large, increased self-awareness and personal growth is an assumed take-away for individuals. Self-awareness is made up of “personality, world view, strengths, weaknesses, limits and values” and the more reflective we can be about our own make-up, the more we develop (Taylor, 2008, pp. 297-8). Stakeholders in the study overwhelmingly indicated the role that self-awareness brings to every day functioning within occupational therapy. They also gained new insights regarding role delineations and supervision that they perceived added to team functioning, professional expectations and overall integration. I will articulate in the first subtheme the importance of self-awareness, not only to the person, but also to others. Then, I will discuss teaming relative to learning and comprehensively understanding role delineations and supervision in the grand scheme of the team.

Me: Self-Awareness and the Impact on Others

In occupational therapy education, students learn how self-awareness is the highest of the upper echelon cognitive skills that impact our client populations in terms of their recovery,
rehabilitation and functional independence (Gillen, 2009). Students are also taught the concept of *therapeutic use of self* which requires a high degree of personal awareness. Therapeutic use of self is defined as “the personality, life experiences, intuition, knowledge, and skills to develop therapeutic relationships with clients in order to encourage, inspire, communicate and be effective in leading them to achieve meaningful therapy goals” (Wagenfeld, 2016, p. 611). So while students learn these terms in relation to treatment and intervention, they also apply to our behavior with our professional counterparts. Tess, a graduate student, discussed her personal growth over the course of the semester:

I think it (the experience) made me learn more about myself and how I approach situations … uhm …I think at first I was more timid…I didn’t want to step on peoples’ feet …and I learned that you kind of have to put out your own ways and learn how to be more assertive, but in a nice way so that someone doesn’t take it the wrong way, so being assertive to get your point across, but not being rude … Uhm, I think doing the conference at College C and running the whole thing and learning that I can kind of take those steps and kind of take the leadership…I’m usually the one that kind of stands back from the leadership role…thinking “Oh, I don’t want to be the one standing up there…I don’t want everyone looking at me” and I think I taught myself that it’s ok to step up in the leadership role and take action and, you know, show yourself to people that you do know this and this is my activity and I’m running it and here’s what you can learn…my confidence level definitely went up. I think my confidence improved in not only in my abilities, but also in myself. (Lines 316-322 and 327-338 exit interview)

Tess was self-reflective in considering her growth over the semester and her approach in given situations. She divulged her perceived weakness of not being assertive and discussed how the experience of running her portion of the *Intraprofessional Collaboration Day* at College C
helped her to step out of her comfort zone, lead and gain confidence in newly discovered abilities. By developing valuable skills and attributes, the individual strengthens the team.

Tilly, a member of the intraprofessional team, addressed the importance of self-awareness and the need to continually take responsibility for growth opportunities:

I think that you are able to recognize your strengths and weaknesses (when you are self-aware)...and I am a very logically thinking person, so I think that sometimes I struggle with the empathy side ...like the sharing my feelings side... don’t touch that...uhm, so that is something that I have been actively working on, especially my personal relationships...taking a minute to “ok, I can see...I can tell that you are upset about something...I think it is my role as your friend to talk about it”... so even though I would naturally be like “Eeww, I really don’t want to talk about this”...uhm...but I am different with patients which is kind of interesting...but I think that recognizing that I can have the strength in that I am able to problem solve logically and think realistically through situations all the way to the end...I can do that...it’s part of my personality...whereas I might have to work a little harder at talking about feelings and listening is another big one for me as well. (Lines 735-751 exit interview)

In being reflective, Tilly was able to self-identify her strengths as a pragmatic problem-solver when it comes to her personality. She was also very cognizant of what areas need work, peer empathy and listening skills, and committed to the effort of addressing these relational needs. Here again, is an illustration of how the “me” affects the “we” in intraprofessional partnering, and in interpersonal life in general. Angie, an assistant student from College D, expressed the importance of “knowing yourself and knowing what unique values you can bring to a team...and actually being yourself and not trying to live up to a projection of something that someone might have for you.” (Lines 316-319 exit survey) So this would suggest the importance of being not
only self-aware and reflective, but, perhaps more importantly, authentic. Every individual is unique and brings his/her own distinctive characteristics into a working relationship. Knowing oneself, and embracing one’s knowledge, skills, preferences and ideas can serve to strengthen the intraprofessional team.

Along with the idea of knowing oneself, is the idea of personal motivation. What motivates some people to go to OT school and others to go to college to be an assistant? For some, an assumption can be made that financial, economic, family and/or geographic reasons played a part in the college or university of choice. For all, personal values, ethos and sense of self impact the selection of a profession. Audrey, an assistant from College C, learned something very valuable about herself as a result of her inclusion in the study and during the Intraprofessional Collaboration Day. One of the educational units which each student experienced focused on the myths and realities of OT/OTA roles. This was Audrey’s take away from that 15 minute exercise:

Like they talked about in their presentation (two OT graduate students)… this is what the OTR does and this is what the OTA does …thank gosh I am an OTA because those were all of the things that I want to do…coming into this program, my plan was to eventually have my OTR…but it’s just not (now)….it was super helpful to know that it’s just not five years from now with grad school under my belt working in the field and finding out “Why am I not an OTA? That looks like more fun over there.” (Lines 49-57 exit interview)

Awareness of the self, what is wanted, what is valued, what is perceived as enjoyable is highly personal and can afford clarity when making important decisions about such things as career paths, school and job selections and work life dynamics. What Audrey wants to do as an assistant is seated, at least partially, in her self-awareness. This affects her positionality on the
rehabilitation team based upon her role delineations and her supervisory needs. Student collaborators had much to say about the importance of understanding roles in order to provide (OT) or receive (OTA) the needed amounts of supervision.

**We: Teaming in Light of Roles and Supervision**

Several health care professions are leveled. Nursing has practitioners, as well as registered and licensed practical professionals. Radiology has radiologists and radiology technicians. Physical therapy has therapists and assistants. Occupational therapy is also leveled, as has been discussed. When there are distinct titles and positions within a leveled health care field, a thorough understanding of each person’s role and supervisory needs is fundamental. In OT, supervisory requirements and roles are mandated by state licensure laws and practice statues that are governmentally imposed, ethics and supervisory documents which are mandated by the professional association (AOTA), and accreditation standards which are required by the profession’s accrediting body (ACOTE). A symbiotic kinship exists between understanding one’s own/one’s counterparts’ roles and supervisory provision/needs. If a therapist does not grasp exactly what an assistant’s skill set and training include, they will not be able to effectively supervise and to provide independence to their counterpart. If an assistant does not understand the scope of his/her own practice, he/she cannot advocate for specific supervisory needs. In OT academia, these are important topical areas of inclusion. I was curious to see if the OT/OTA stakeholders in the study had a comprehensive understanding of the documents which outline the role and supervisory requirements, how aware they were of their counterparts knowledge base and what their understanding of supervision entailed. The findings were telling, suggestive of a lack of awareness of true role delineations and exactly what supervision entails at the outset of the research endeavor.
Intake and exit survey results were combed for details regarding OT/OTA student exposure to relevant, defining, professional documents, as well as understanding of roles and supervision pre- and post-research semester. The intake survey polled students by asking in yes/no formatting “Have you discussed or seen any of the following documents in any of your college courses to this point?” The documents under consideration included the Occupational Therapy Education Standards, OT Code of Ethics, Guidelines for Supervision, Licensure Documents, and Entry Level Role Delineations. Results (Table 8) demonstrate that both OT and OTA students clearly confirmed either having seen or discussed the standards, code of ethics and guidelines for supervision.

Table 8. Exposure to Professional Documents

<table>
<thead>
<tr>
<th>Students Polled</th>
<th>Responses (%)</th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents</td>
<td>OT</td>
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<td></td>
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<td>Educational Standards</td>
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<td>Code of Ethics</td>
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<td>No</td>
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<tr>
<td>Guidelines for Supervision</td>
<td>92.86</td>
<td>7.14</td>
<td>84</td>
<td>16</td>
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<tr>
<td>Licensure</td>
<td>57.14</td>
<td>42.86</td>
<td>58</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Role Delineations</td>
<td>7.14</td>
<td>92.86</td>
<td>76</td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>

Students polled equates to 14 OTS and 50 OTAS collaborators

The waters became murky regarding licensure requirements and knowledge of entry-level
role delineations. While the 14 graduate OT students reported the least exposure of the 64 collaborators in terms of the role delineations document at 92.86% compared to 24% of the OTA students, both student groups were split in their affirmation of having seen or discussed the licensure documents at 57.14% (OT) and 58% (OTA). Licensure requirements articulate the specific state-by-state amounts of OTA supervision mandated, so this document is pivotal to understand in the collaborative supervisory relationship. Role delineations are also important to inform partnerships in optimum, ethical client service delivery and in harmonious working relationships. The intake survey asked if the students had ever seen or discussed the official OT documents. Seeing and hearing does not imply understanding, so the narrative section probed further.

This section of the intake survey provided inquires tailored to evoke open-ended responses. A question was posed: what is your understanding of role delineation (OTA and OT roles) in occupational therapy? I wanted to ascertain the students’ understanding of role delineations at the outset of the study. After comprehensive review of all 64 surveys, commonalities were found in the basic grasp of each counterparts’ understanding of the other. The finding revealed that collaborators either had a pat response that included (1) a rudimentary assemblage of words related to each leveled position, (2) they were unclear about the roles of the other or (3) they were vague or incorrect in their understanding. For this portion of the data dissemination, OT and OTA students will be discussed relative to their leveled counterparts.

An assistant student from College C stated that roles related to “OTs: record, record, record” and “OTAs: do, do, do” (Intake survey, 2015). There was a general sense from all participants that the therapist was more about the formal operations of evaluation/assessment,
documentation, and signing the assistant’s notes, while the assistants executed the daily intervention/treatment or the *doing* portion of occupational therapy. While this is not incorrect, the supervisory and delineations documents are vast compilations of detailed information that outlines specific responsibilities for the OT and OTA and goes far above the student’s rudimentary understanding of the requirements.

Some students reported at the outset not knowing much about the subject. Per the intake survey (2015) results, the learning spectrum was broad and traversed from “no understanding” (OTA response) to “unclear subject” (OT response) to more detailed descriptions that included “service competence” (OTA response). Other narratives included “it’s a team career and relationship; we can’t have one without the other” (OTA response), “very similar, besides documentation” (OT response), and “understanding what the role of the OTA is, but after entering the professional career forgetting what the OTA role is; attempting treatment methods that aren’t necessarily related to OT or utilizing treatment methods for every patient/consumer” (OTA response). Following the research semester, results of documented understanding of roles and supervision within the team were expressed in the exit survey, as well as in the interviews. Growth of understanding and greater clarity of roles was appreciated by the conclusion of the research elective.

Tori, a graduate student, openly discussed her thoughts on the importance of learning role delineations and educational backgrounds of each other’s counterpart:

I think it (teaching/learning about intraprofessional collaboration) should be integrated for all OT/OTA schools and I don’t think it should be an option because I think we…both sides need to understand…what is expected of them in terms of supervision, in terms of role delineation, before we graduate because it’s part of what our working life is going to be and so I think
everyone should have that information and should know what is expected just because I think it will just make the work relationships that much better…if everyone knows what they are supposed to be doing and what they CAN do, because I think that a lot of the exploitation, for lack of a better word, comes from OTRs not understanding exactly what they (COTAs) can do, so we either over use or underuse, not using the full potential that is there and then if the OTAs don’t feel comfortable saying anything then they are just kind of stuck, …so I think everyone understanding what the other is capable of, in terms of what kind of work they can do, I think would be the most beneficial. (Lines 560-574 and 578-580 exit survey)

Tori discussed the importance of optimizing the skill set of the assistant through an understanding of what they are truly able to offer the team. Additionally, she alluded to the value in not only knowing what one’s own responsibilities are, but also in knowing what others are able to do.

Tilly reflected upon her learning about roles and supervision over the course of the semester:

Initially I think that I knew what most people know, which is basically, therapists do the evaluations and then we tell the OTA what to do in treatment…I was surprised that it (the course of study for OT/OTA) was so similar…like the three practice classes that they take, are the three practice classes that we take…uhm, so that definitely surprised me…they also have OT theory and that surprised me too because I was under the impression that OTAs didn’t know much theory, uhm, but that was surprising… Really….I don’t want to say abbreviated because it wasn’t an abridged version, but I guess it was just a more condensed version of what we do… in the five years…it made me comfortable to know that they were also learning the practice skills in different settings that we also were… but the fact that they included a psychosocial practice
class…I never really …and I was in a psychosocial FW over the summer and we had an
OTA…but I never realized that OTAs were also trained (in psychosocial) and when I thought of
OTA, I thought of in a nursing home or in an outpatient setting (in terms of treatment context) …
that is where the OTAs were… and it definitely built my trust in their overall skill set. (Lines
313-316, 338-346 and 349-358 exit survey)

Tilly pointed out the importance of learning the skill set and educational background of the OTA
counter part in having a better understanding of their function in the practice arena. She also
mentioned the character trait of trust and how her increased knowledge base would contribute to
the trust she now has in the abilities and role of the assistant. The exit survey posed this yes/no
question: “Do you feel greater confidence in your own professional role and in the role of your
intraprofessional team member following this experience/semester?” Of the 64 students polled,
14/14 OT students answered yes. Of the 50 OTA students, 3/50 responded no, 47/50 responded
yes. Interestingly, the four OTA students who were part of the semester long inclusion with the
OT students unanimously answered yes. Colleges C and D who integrated on a part-time basis
accounted for the no responses.

In the narrative open-ended section of the exit survey, the question “What is your
understanding of role-delineation in OT?” was posed once again. An OT student reported:

In all honesty, I see the role delineation way different now than I did prior to this course. I solely
believe that if there is open communication and respect and honesty of skills among the OTAs
and OTs, then everyone can effectively participate in the roles, with a positive outcome for the
client.

Based upon the 92.86 % of OT students who at the outset of the course had reported never
discussing or having seen the role delineations document, this recognition of learning would
seem an academic victory at the culmination of the experience. By proactively promoting the attributes and character traits of communication, trust, honesty and respect, heretofore discussed as findings of this study, the OT student indicated that efforts centered on optimum outcomes for the client and team members doing what they were trained to do harmoniously with one another. So while this finding ends on a high note, the research also indicated challenges and limitations to this work of intraprofessional integration and collaboration. It would seem that human nature manifests a certain amount of fears and assumptions that impact daily life. The topic of intraprofessional partnering, especially in light of the nature of the leveled system, is no different. I will first discuss power, stigma and fears expressed by the stakeholders surrounding intraprofessional learning. I will then share the logistical challenges which make such efforts at academic integration of multiple institutions of higher learning such a challenge. Relationships, whether personal or professional, take a great amount of work to make them successful. Designing an academic offering that examines and promotes these relationships takes a great deal of patience, commitment, passion and effort as well.

It’s Not All Rainbows and Unicorns: Challenges

At the outset of this research, I wondered why a gap existed in the literature related to the integration of students from several university systems over the course of a given semester. I learned quickly and somewhat painfully that institutions of higher education are generally islands unto themselves, being geographically-, technologically- and mission-centric. Few programs within OT academia house both graduate and assistant degrees, so the OT/OTA programs are segregated. Additionally, in already saturated curricula, there is little room for the luxury of a semester-long elective that supports the study of intraprofessionalism from logistical, financial and time perspectives. Even the IRB process was extremely challenging and met with a level of
seeming mistrust, or at the least palpable discomfort, and apprehension among non-research institutions who were not accustomed to the process or did not support inquiry by way of their mission and philosophy. The findings related to the inherent challenges of this endeavor may be the most telling and informative in moving forward to design academic formatting on intraprofessional collaboration that is accessible to greater audiences of student consumers. In this final thematic discussion, I will divulge important perceptions surrounding the innate nature of leveling in the profession and the assumptions and fears associated with such structures. I will then go into detail about the barriers and considerations to the inquiry and learning processes.

Assumptions and Fears Surrounding Power in a Leveled System

Certain assumptions and fears have the potential to manifest in a leveled system, such as OT, where the therapist is perhaps perceived to be above the assistant in the professional hierarchy, knowledge base, roles and responsibilities. “Leveling the playing field” is a metaphor that was used frequently throughout the semester-long elective that paired graduate and associate level occupational therapy students, showing that they were critically thinking about relationships in general and how the nature of our leveled structure within OT might cause certain assumptions regarding power or inequity. The most current Occupational Therapy Practice Framework (2014) offers Appendix B in the guiding document on the domain of practice for the profession, articulating and defining the scope of education for therapists and assistants as practitioners, as well as providing the basic definitions of what each qualification entitles the professional to do. Therapy and assistant students alike voiced information which either consciously or subconsciously indicated perceived power issues either via thinking surrounding years of schooling, extent of knowledge acquisition or a higher than/lower than structure in the mandated need for assistant supervision. Tilly, a graduate student, commented
on her perceptions encompassing a shared dream OT clinic project with her College D counterparts:

I guess that with the College D students, the grad students had a little bit of power just because we were viewed as the more knowledgeable and I know with my partner, we both had a passion about our topic we worked with and I had done a FW in our chosen area while my teammate had not, so I think naturally I don’t know if I would say it was necessarily power, because she was the active component in the project, but just maybe a hierarchy of knowledge or something … just in that case…the problem is we are forced to subscribe to (the power structure in health care)…even if we come up with a great intraprofessional (relationship) between OTs and OTAs, we are still going to be forced into the hierarchy of “the doctor is always right”…at least for right now. (Lines 523-531 and 535-539 exit interview)

Her perception was that the graduate students were seen as having more knowledge based upon their fifth year college status and overall experience. Whether this is true or not, this was the perception which she had and hence her reality. Additionally, she raises a really interesting point in that the power perceptions run rampant, not only in our own field, but in health care in general. Tess also addressed the power that has roots in academia:

I think there is always power in every situation, there is always professors and students, there is always OTs and COTAs who are said to be below us, but I don’t think …like this class kind of brought the professor and students to the same level …we were all learning the same thing, we were all learning together…and I think going into it, I always had the perspective that OTs and COTAs were like on the same page …yes, there are different degrees, yes we do different things, but I think that some people went in thinking that OTs are better than COTAs and I think that is something that you kind of have to think about in the work place…people are going to perceive
power and think “Oh, you guys (OTs) think you are better than us (OTAs)” and they might not
have even talked to you or said anything, so I think that’s something, that even though I don’t
perceive it as that way… I think people will perceive it in practice. (Lines 388-403 exit
interview)

The assumption of being better than or higher than or less than is often an ever present notion
based upon lack of knowledge of roles, preconceived ideas or due to the innate leveling system
which just by it’s nature sets up difference. This is where education is pivotal to shaping
understanding and value of therapist and assistant for their distinctive skills which each role
brings to the team. Also, AOTA’s COTA and OTR Education Unit (1997) aptly pointed to the
need for excellence in modeling and mentorship at the academic level with individuals who
represent the other partner or professional counterpart. Annie, an OTA elective course member
was excited to learn about the dynamic prospects that are available in practice for the assistant
such as Director of Rehabilitation positions, research potential and program development
opportunities. She shared:

Knowing that there is a lot more room for growth than I originally had expected with just…and I
say just [emphasis added] being the OTA, but I think a lot of people…I don’t want to say look
down on OTAs or whatever, but when you’re saying that you’re just going for your associates or
your OTA, people will say “oh, well aren’t you going for the OT?” I think that knowing now that
we can actually be the boss and have more of a say than what I thought we could and we really
truly do play such a big role in the OT world…It really has bothered me that a lot of people do
say “You’re not getting your Masters and that you’re only getting your OTA?” And…I say we
still have such a great role in the client’s road to recovery and getting better. (Lines 429-437 and
439-444 exit interview)
Terms like *only* and *just* are demeaning and derogatory in nature and seem to indicate a less than stigma of the associate leveled professional. Other assistant students shared their concerns in the narrative surveys about being “spoken down to” by the therapy students, or being “looked down upon” by other OTA/OT students. Interestingly, College C and D who were not part of the full time elective seemed to feel unequal to others, moreso than the students who integrated and learned together throughout the semester. Tori, a graduate student, shared “I always felt undertones of power struggle whether it was intended or not, it just always seemed a little strained…it didn’t feel entirely comfortable” (Lines 711-714 exit interview).

Another metaphor that was heard throughout the semester in group chats and processing sessions was the idea of walking on egg shells and not wanting to offend others. Awareness of assumptions, fears, and anxieties surrounding leveled roles is a reality at both the academic and professional level. If dialogue can happen earlier in academia, rather than later, about these perceived concerns, the profession may begin to break down these barriers, thereby improving intraprofessional relationships. Over the semester, dialogue and critical thinking were exercised surrounding these concerns and students were able to proactively reflect on their learning.

Change begins with awareness of assumptions and perceptions. Tess, an OTs, shared:

I think with advocating, it’s just by showing, and I think you have to lead by example, …show that you can’t go in like “I’m the OT! I’m the best!” You just kind of have to build the relationship and show that even though you do have two different degrees or titles, you are on the same, level field…I think it’s a lot in how you present yourself …and willingness to ask for help from the COTA and allow them to ask for you and kind of show that you are on the same field and you are not above them. (Lines 420-428 exit interview)
In a sports team, such as ice hockey, players have certain roles or positions to play in supporting the efforts of the whole. The goalie is no more important than the players who are on defense. Their end goal is the same, to emerge victorious for the good of the team and organization they represent. Occupational therapy is no different. Each practitioner has a role to play in the successful outcomes of each client. Ego tends to get humans into trouble, and being humble and mindful of the strengths of others is a good place to begin in forging effective intraprofessional relationships. Thus far, I have discussed the challenges with integrating people in the process of collaboration. There are also outside forces, such as institutional rules and regulations, technological limitations, and financial and travel requirements which add fuel to the fire, making the integration of students from multiple systems of higher education complicated.

**Challenges of Integration**

Logistics, time, cost and a heavy work load are all factors which presented as challenges to the overall integration of OT/OTA students. Cross pollination of students from disparate college systems would seem like an ideal learning scenario, and it is, but there are many hurdles to overcome in bringing the best laid plans to fruition. Institutional regulations, logistical and financial considerations warrant discussion as these seemed to be the biggest sticking points.

**Institutional regulations.** Some institutions of higher learning are aimed at research via the degrees they offer and the mission they uphold (generally universities and colleges which have IRB review systems in place). Other institutions do not focus on inquiry (typically technical schools whose mission is job placement). Master’s and Associate level preparation is different and this is where the bridge between the divide begins. Gaining access into non-research entities is a challenging and lengthy process, filled with marketing the benefits of the research to each institution and forging relationships with Presidents and Deans of Colleges to
allay any apprehensions or perceived inconveniences the inquiry could potentially cause them or their consumers. Whether research is the reason for integrating and developing community partnerships, or promoting learning in general via collaboration, access remains guarded and protected.

All institutions are protective of their own agendas, their student’s rights and their programming. They are intentionally segregated by way of technology offerings with each system having a different classroom management platform, such as Canvas and Blackboard. These systems do not intentionally interface with other platforms, so sharing handouts, syllabi, supplemental readings and other messaging from one college to the next is difficult at best. For this research elective, Canvas was utilized in the graduate school for all communication, and I used photocopying of needed materials for all other schools which proved to be very expensive.

Requirements for syllabus formatting, grading procedures and scales, as well as term/semester schedules and breaks were all different. For the elective, two syllabi had to be developed to meet the parameters set forth by the academic deans of Colleges A and B. Since the course was a co-constructed effort, this meant the creation of four syllabi, two initial and two collaborator-created. In the graduate program, grading is left to the discretion of the instructor, as long as the assigned percentage equivalents provide a plus/minus grade for each letter grade. Since the assessment was also done in learner-centered formatting for the elective, the students opted to have pass/fail equivalents. Each of the other colleges had their own grading designations that were mandated by their institutional policy. Different grading scales were a sticking point for many OTA students, especially in the collaborative dream clinic project between College A and D. In processing sessions with the graduate students and in conversations with the director
of College D’s OTA program, students reported discord over the disparity in grading systems, despite these being institutional requirements and not my own. Tess, a graduate student shared:

I really did like that we did (experience) three colleges…I think it was good to do both the email and face to face …uhm, it would have been cool to get more face-to-face time with the other universities, but it was because of the time and the travel and stuff…and I think it would have been cool if it had been more open with some of the other universities, like with College D….doing that project kind of put a hindrance on the relationships…because there is almost like a power struggle, like well you’re not being graded, so it was like that project is what we focused on and it would have been kind of nice like with College C, where we just kind of did that (seminar) for them and it was more open and we just got to talk and interact with them and that was a lot better than to have this structured project that was kind of our end goal… it was nice to be open and kind of free flowing…well, we can do this, we planned it and we asked for their input… so it was like both sides coming together to form a nice day. (Lines 196-212 exit survey)

This information was echoed by other students in terms of the limitations of the structure or lack of structure of each experience with the disparate colleges. One benefit of research is to discover what works best, what falls flat and what is to be learned from the experience as a whole. Much has been learned in this initiative.

**Logistical considerations.** The research experience was designed with environment and context in mind. Opportunities were provided for the graduate students from College A and the OTA students from College B to travel to each other’s schools for several reasons. First, to increase the comfort level of meeting on one’s own turf, each student group was given the opportunity to engage in learning at both colleges. Second, in an effort to equalize some of the perceived power structures, meeting in various environments, including in the community, was
included to provide everyone with new and consistent experiences. Third, it was my hope that through travel, yet another opportunity to bond and forge relationships would transpire in less formal ways. Tess supported this line of thinking by sharing:

Well, I definitely feel that it (traveling to other campuses) mediated if there was going to be a power problem… Like I definitely feel it helped with that…with us going to them…I think it could have been intimidating to expect the younger students to come onto our campus maybe, although they probably still would have enjoyed it …uhm, but I love going to college campuses…I think it is interesting to learn about the culture because you not only see the culture of the campus, but the culture of the surrounding area…and there are all different cultures depending on what courses they have …academic paths they offer…so I enjoyed that and I felt it was a further way to get to know the students, even if it wasn’t “Tell me about your campus”…you could still see the campus. (Lines 689-701 exit interview)

As College C and D graciously agreed to assist with the research endeavor on top of already rigorous course schedules, I did not impose travel requirements on them as a courtesy. In response to this line of thinking, Alice, an OTA from College D, reported:

I think it would be nice if you incorporated a trip to College A because that is kind of important to see where our partner works and where their comfort zone is and I was going to try to come to that school but our schedules never aligned and when we did plan something, something either came up on my end or my team mate’s end…so it sucks because I was really looking forward to seeing her campus and everything like that, but it never worked out. (Lines 288-295 exit interview)
With that being said, travel is expensive (gas and fifty cents per mile), time intensive (one college was two hours away) and requires trained drivers to take the college vans to transport a collective of students.

Schedules, as mentioned by Alice, were another logistical hurdle. Finding times and spaces where Colleges A, B and C could gather for the Intraprofessional Collaboration Day was labor intensive. Also in terms of scheduling were the challenges which College A and D had at setting up meeting times, texting times, etc. to work on their collaborative projects. Many OTA students from College D had families, jobs outside of school and other responsibilities to consider on top of the rigor of college. Semester and term schedules were different and required some effort to integrate and coordinate. The research elective also proved to be highly time intensive, with Colleges A and B spending a 14 hour day to travel and provide the Intraprofessional Collaboration Day/Seminar for the College C students. The credit load for this particular elective was four for the graduate students, so in that one week alone, they exceeded the credit requirement by 10 hours. Despite this demanding schedule, not one student ever voiced a complaint to me. They embraced the experience and forged ahead for the sake of learning and contributing to the profession’s body of knowledge.

Financial considerations and expenditures. At the outset of the research journey, I qualified and applied for a small grant. I was awarded the $1000 dollar incentive and spent every penny of it, plus much, much more. While I most certainly could have elected to spend less money than I did, I felt the expenses were justified and added to the richness of the overall learning experience. Learning occurs in formal and in informal ways and I really endeavored to provide opportunities for students to experience both in their quest to understand intraprofessional relationships.
From a cultural standpoint, many relationships are built naturally around food, sit-down meals and sharing of conversation, so several large expenses were pizza and hoagie parties that were integrated in first meetings, seminar formatting and farewell gatherings. These meals gave the students and their counterparts a chance to mill about, to discuss things that they wanted to know and to begin to understand people outside of the traditions of academic cooperation. The meals also were naturally and authentically placed at times when students could rest, replenish and take a break from the formal operations of research, projects, and critical thinking.

Along with the hospitality of feeding people, was the notion of generosity of spirit via gift giving. When the research elective reached out to new colleges, a small token of appreciation from student to collaborating student was given. Generally the gesture consisted of small framed quote focused on collaboration and working together to serve as a reminder of time spent together. I purchased the frames in mass quantities at dollar stores, and over the course of the semester greater than 70 were purchased, created and distributed. Tara discussed her thoughts surrounding the use of hospitality in a typical first meeting with her student counterparts:

We literally go there and we talk about our college and like, our program, and then we want to learn about their program, so it is kind of like a give and take to understand where everyone’s coming from…uhm…and then we have like free time to meet and talk with everyone… we eat something and that’s when…afterwards…we start getting more playful… and we start getting to know each other even better…on a more, I guess, friendship level, so then we start playing games…Fruit Basket…and stuff like that…like Kill or Wink…Just stuff like that to break the ice… just to let them get to know our personalities…instead of being all serious and everything and then at the very end, we come back and process about the games we played, what we learned
about everyone, and then as Miss Terri always says “We have a nice little gift to give them” as like a peace offering and a thank you for having us… I think it kind of shows that like they are appreciated…like I’m pretty sure they (the OTA students) didn’t have class that day and so that had to cancel their previous plans and come and be with us… so I think you definitely need to show some sort of appreciation to them for doing that… because I think that everyone that I talked to has another job or two jobs… so they probably had to cancel work. (Lines 692-716 exit interview)

These tokens were well received and were often reciprocated by the other colleges. College D presented the OT students with a package of goodies embossed with their school logo on them. I also encouraged students to hand write thank you notes, which I purchased and provided, to their counterparts as a show of gratitude for the time and effort put forth in the process of the collaboration. Each activity was carefully and thoughtfully chosen to model sound relational attributes and to subconsciously demonstrate the point that all relationships take work, effort and a good dose of thought for them to thrive.

A sizeable expense were copies for the three colleges whose students did not have access to Canvas. One month I was told that I had spent $1400 that month in copies. So if that was the cost for one month, I shudder to think what the remaining three months cost. A guest speaker with a background in communication was also paid an honorarium of $50 for a classroom presentation on conflict resolution. While students were not required to buy any textbooks for the course as I provided all reading materials, I bought books and support materials for classroom activities that added to the overall financial output of this specific undertaking. It was my hope that the proactive outcomes toward intraprofessional success would far out weigh the cost involved. That being said, financial considerations did substantially factor into this experience.
and may pose challenges in the future for others who want to attempt a similar semester-long experience for students. The idea of research in general is to share the findings with others so that the profession can benefit from the results. The purpose of action research is to work at solving problems in practice, and in this instance revolved around the integration of OTA/OT students in academia to learn about the concepts of intraprofessional collaboration. At this juncture of my doctoral dissertation, I will conclude the findings. I will structure Chapter Six to discuss how my findings correlate to the literature, how the purpose of the research was lived out, how the research questions were answered, and what the implications are for future research and for the future of OT academia related to intraprofessional collaboration.

Conclusion

The purpose of the research was to develop an innovative college elective with OT/OTA students that examined the process of promoting skill development related to effective supervisory, collaborative and intraprofessional relationships. The action research study was conducted over a 15-week semester in the Fall of 2015 and integrated 64 students from four disparate college systems for learning and collaborating together. The initial steps in the research process, such as the full IRB and cooperating IRB, gaining administrative access and signatures in the non-research institutions, and finding an ample number of students who were willing to consent to the research, were wrought with stress and uncertainty. Additionally, the nature of action research has a reputation for being unpredictable, messy and ever-changing. Despite these challenges, I would not have done anything differently. I learned to release control over my educational process and to trust the needs and experiences of the collaborators to bring richness, authenticity and true curiosity to the experience.
Over the course of the semester/term, the students served as learners, collaborators, stakeholders and fellow researchers as they endeavored to live out the goal of intraprofessional integration. The elective students were given the control and independence to decide upon content, course construction, assessment and grading parameters of the class. While being pushed well outside of their comfort zone, they rose to each new challenge with grace, intention and a great deal of thoughtful consideration. Through different forms of OT/OTA integration (face-to-face, technological and phone) the collaborators were afforded diverse opportunities to learn, teach, experiment and test the waters of intraprofessional work. Not only did they feel discomfort in the process and challenges encountered, but I, too, felt like a fish out of water in my role as co-collaborator, fellow student, facilitator, and researcher. Every day together was a new experience, a new opportunity, a new intervention or idea to try, and new information to process. Collectively, we all came to a greater understanding of ourselves, others and the vital role that partnership plays in the world of occupational therapy practice.

As with all qualitative research, the findings cannot be generalized to the greater population at large, however can provide valuable information to inform and be utilized to similar settings and contexts for transferability or comparability. The findings reflect that integration of OT/OTA students in academia needs to be the priority that the 1993 task force who designed *The COTA and OTR Education Unit* felt it was. The results of this study also point to gaps in our current educational provision surrounding the teaching of educational backgrounds, skills/roles and qualifications of OTs and OTAs, not only to their respective cohorts, but perhaps more importantly to their counterparts.

While the semester proved to be labor intensive, financially demanding, and logistically challenging, the experience, findings and proactive stance at promoting effective
intraprofessional relationships far exceeded the demands. The effort that went into this research and learning endeavor is symbolic and representative of the energy required by occupational therapy faculty members, students, and working professionals at conveying, understanding and appreciating the distinct roles and skills that all practitioners bring to the practice arena. The ingredients to successful relationships and collaborative endeavors are really quite simple: (1) do your best, (2) be respectful, (3) be honest, (4) be kind and empathetic, (5) take responsibility for knowing who you are and what you need, (6) communicate effectively, (7) be open and receptive to people’s difference, experience and knowledge, and (8) remember that solid partnerships promote successful outcomes for client populations. Chapter Six will relate the findings from this chapter to newly gained insights, to the literature reviewed, to directions for future research and will offer recommendations for innovations in academia that promote integration of OT/OTAs in academia for the express purpose of promoting intraprofessional collaboration.
CHAPTER SIX

DISCUSSION AND IMPLICATIONS

Research inquiry into the subject of occupational therapy (OT) academic innovations surrounding intraprofessional collaborative relationships between therapy (OT) and assistant (OTA) students has been a four-year journey for me. I have been fortunate to isolate an educational, professional and personal area of interest that had not heretofore been explored in the realm of OT. Every step, every independent study, every theoretical paper and exploration in my doctoral journey has contributed to the body of knowledge I now have surrounding the topic of intraprofessional collaboration. The purpose of this action research study was to actively integrate OT/OTA students in academia to examine skill development related to effective supervisory, collaborative intraprofessional relationships. The research questions which were explored throughout the 15 week semester-long integration of four disparate college systems, included:

Question One: How do OT/OTA students negotiate supervisory and intraprofessional relationships, and what are their perceptions of role delineation, teaming and successful collaboration?

Question Two: How does the learner-centered/ participatory design of an OT/OTA elective with students from different universities contribute to the promotion of intraprofessional collaboration?

Question Three: What do the participants/adult learners identify as contributing factors to their ability to collaborate and develop sound intraprofessional relationships?

Question Four: What is learned from this action research study that will inform ways to promote effective communities of practice for OT/OTAs?
At the outset of this final chapter, I will discuss the findings from my study as they correlate with the research questions, synthesizing the literature that helped to inform this work and showing parallels to my own findings. Implications for future academic preparation and research will next be provided. Finally, I will reflect on my academic, professional and personal growth as I reify the pinnacle of this experience.

**Research Questions Answered**

The purpose of any research study is to concisely define the parameters and overarching direction of the inquiry. I set out, via an action research inquisition (AR), to dynamically integrate OT/OTA students in academia to examine skill development related to effective supervisory, collaborative, intraprofessional relationships. And so in the Fall of 2015, the action research study and semester/term went, spiraling onward and upward through planning, problem solving, trialing interventions and dynamic active learning strategies, reflecting on the successes and shortcomings and then trying again. The process was dynamic, fluid, and was propelled by the momentum of its own energy much like a large pendulum mobilizes the hands of time. The purpose of the inquiry was the constant moniker during the 15-week journey and the Fall 2015 through Spring 2016 data analysis period. As the purpose was actualized, answers to the initial research questions began to take shape. I will discuss each of the research questions and the answers that were provided via the perceptions and perspectives of the collaborators.

**Question One.** How do OT/OTA students negotiate supervisory and intraprofessional relationships, and what are their perceptions of role delineation, effective teaming and successful collaboration?
Question one is really composed of two-parts. First the inquiry examined the ways students navigated the new, different and sometimes tenuous integrated relationships between OT and OTA students. Next, an understanding of their roles as either therapist or assistant, their counterpart’s roles, the teaming and collaborative approaches which are important for the development of intraprofessional relationships were explored. Both portions of this question were answered with findings supporting the collaborators’ experiences, and are detailed here.

Regardless if people are meeting in personal or professional capacities, relationship development can at times be met with anxieties, preconceived ideas or assumptions, and is not always a match made in heaven. Crowley and Elster (2006) devoted an entire book, entitled Working with You is Killing Me: Freeing Yourself from Emotional Traps at Work, to teach people how to handle difficult working relationships. My hope in doing this research was to curtail the need for such self-help books for my OT/OTA students, by equipping them with the understanding of intraprofessional integrations and the skills needed to promote effective working relationships. Student occupational therapy and assistant collaborators were exposed to many opportunities for interfacing with their academic counterparts across the semester/term to experience different interactional mediums such as face-to-face, phone (texting, Face Time) and computer (emailing, Skype, Google Docs). Under the theme of Intraprofessional Collaboration: Attributes, the feature of communication was identified as imperative to negotiating supervisory and collaborative relationships. The overwhelming majority of collaborators preferred face-to-face interaction over the others for the additional contextualization, tone, body language and eye contact it afforded. It was also felt to be a more personal way to interact with their peers, and provided immediate responses to
questions, discussions, and processing opportunities. This finding would support the suggestion made in the *COTA and OTR Education Unit* (1997) that students be integrated *in person* [emphasis added] for relationships to be established. These results also echo Dillon’s (2001) qualitative study of 22 certified occupational therapy assistant/registered therapist teams that found effective two-way communication was an important ingredient to successful integrations and teaming. When communication becomes a one-sided experience, problems can be expected.

Communications became tenuous or more challenging for this research study’s collaborators, inclusive of the 64 students who participated, at times due to a lack of responses to email requests or journal postings, for example. Through these valuable experiences, students were able to process with their peers several viable, professional options needed in order to productively move forward. Many felt that being reflective and taking time to share different options to their immediate problem was far better than being reactive or immediately responding with a knee jerk, less-than-professional email. Taking time to thoughtfully consider how to respond and what to say was a helpful technique. They felt that empathy was a value that promoted this line of thinking, expressing the importance in the theme of *Intraprofessional Collaboration: Attributes* that empathy allows for a more positive understanding of the situation and helps to prevent a potentially negative encounter. The collaborators also learned about the concept of reframing their own thinking to consider the other person’s perspective and to empathize with others’ experiences and life circumstances when integrating for supervisory or collaborative needs.

In the grounding literature review for this work, a conceptual piece supported the ideas of open dialogue and accountability in nurturing OTA/OT partnerships (Campbell, 1998).
Both counterparts, the therapy and assistant students alike, need to value the relationship, work toward developing and earning respect of the other and communicate their needs in the evolution of that relationship for it to be truly effective. Collaboration is defined as working together for a common goal and is cooperative in nature, moving away from competitive or individuated efforts (Appley & Winder, 1977). Key elements of effective collaboration include communication, trust, shared goals and knowledge of expectations and roles to be pivotal (Steinkogler et al., 2012). My findings parallel these aspects of effective integrations and discovered that if the priority was anything other than the intraprofessional integration, such as a school assignment or an outcome measure, the relationship suffered. In terms of other ingredients needed for intraprofessional integrations, there were clearly articulated ideas, traits and values which the adult learners perceived contributed to a successful collaboration.

Communication which is honest, open, professionally given and which clearly defines expectations at the outset were unanimously identified. The traits of trust, respect and kindness were offered consistently. These echoic themes further support Dillion’s (2001) findings of the importance of trust and professionalism as skills for effective intraprofessional collaboration. While these would seem to be assumed behaviors of professionals, they were felt by the OT/OTA students to be skills that needed to be learned, cultivated, and practiced for a relationship to thrive and grow. The Education Unit for OT/OTA Collaboration (1997) stressed the importance of positive regard for others. Positive regard in my way of thinking equals trust plus respect plus kindness. An individual’s value system also seems to drive the way one communicates with and shows regard to others.
Empathy was isolated as an important aspect or value in a relationship and was articulated in detail in the *Intraprofessional Collaboration: Attributes* theme. Being able understand the perspectives of others was noted as pivotal to do with not only OT treatment populations, but also within the context of working relationships. Empathy encompasses one’s ability to step outside of what he/she may think or do in a given circumstance and focuses on what and how the other person experiences life. The recognition of difference, different ways of thinking or approaching situations, is part of being empathetic. This also speaks to the idea of self-awareness and the awareness of others who make up the partnership.

In terms of perceptions surrounding role delineations, the collaborators either had a very basic understanding of their counterpart’s role on the team, had an inaccurate understanding of roles, or were unclear at the outset. To reiterate, role delineations are the documented set of roles and responsibilities which the therapist and the assistant bring to the “evaluation, intervention planning, implementation and review, and targeting and evaluating outcomes” within the profession (AOTA, 2014, p. S 19). These *Standards of Practice* with respect to roles are outlined in detail by The American Occupational Therapy Association (AJOT, 2015). In line with understanding roles is the idea of being informed as to ones’ counterparts educational journey, experience and curricular focus. In the intraprofessional collaboration research study, neither OT nor OTA students had ever examined the others’ course of study prior to the elective opportunity. Both had misconceptions of the other in terms of skill set. This is a problem for the supervising therapist who may over- or under-utilize an assistant because he/she is truly unaware of the role delineation and training. This is a problem for the supervised assistant who may not feel entirely comfortable educating the therapist as to their true ability, strengths and assets they bring to a team relationship. This is a problem that
originates in academia, where educators, myself included, are not apparently successfully preparing OT/OTA students to be effective team members and supervisors/supervisees. These findings parallel those of an empirical survey research study of 123 OTs in Maine where 9% of respondents were uncomfortable to very uncomfortable with supervisory readiness and 2% deferred answering this question (Johnson et al., 2000). The survey also revealed that half of their respondents learned about OT/OTA partnering from other practitioners, not in academia. Herein lies the implication, that 16 years later, there is still a need to better prepare OT/OTA students for the dynamics of the integrative, supervisory relationship. This notion of a need for broader understanding of the role of the counterpart evolved over the course of the research and is reflected in the findings of the theme *The Me and the We: Intraprofessional Integration.*

Trying to understand one’s self in relation to the profession, to their academic/professional counterpart and how everyone works together was a journey. At the start of the research experience, student collaborators seemed to have a bit of angst over being perceived as different, responding to a different role within the field of OT, interacting with different people within different cohorts. By the culmination of the semester/term, difference was actually embraced as a strength to the team. Again, the attributes of being open, communicating and trusting one another was imperative for the differences to be seen as the half full glass instead of the half empty one. In terms of different roles, assistants seemed to emerge with a sense of pride in what they have to offer the team in terms of their skill set. Some even reported being excited to discover that they were exactly where they were supposed to be in their OT journey, learning to do precisely what they felt was most meaningful and best suited to them personally. Therapy students seemed more relaxed with
their new found skill set in dealing with challenging situations, in facilitating effective skills of communication and in better understanding how to supervise the assistant based upon the strong OTA skill set, theoretical understanding and willingness to be a dynamic team player. What led to these insights across the 15-week endeavor? Research question two highlights how the very nature of the class directly contributed to learning.

**Question Two:** How does the learner-centered/ participatory design of an OT/OTA elective with students from different universities contribute to the promotion of intraprofessional collaboration?

This question focuses on the actual course development, shared between myself as the instructor/researcher/fellow collaborator and the adult learners, especially the 18 students (from Colleges A and B). These collaborators were immersed in the semester/term research elective course together for the duration. I was curious to discover if the method of ownership in the course, the idea of working toward a common goal, as with the concept of collaboration, had an impact on the promotion of intraprofessional cooperation. The findings of the study supported integration and interfacing with students from disparate college systems in the exploration of how OT and OTA students experience their academic journey, an experience that none of the 64 students had had prior to their inclusion in the study. There were many firsts in this research process, including the learner-centered and shared responsibility that the collaborators had in the evolution and direction of the course.

In terms of the learner-centered approach where the collaborators had an active say in the content, learning approaches, activities and leadership, Colleges A and B were in a semester-long effort which they shaped from the outset and modified each and every class all the way to the end. Conversely, Colleges C and D were integrated in the research over the
entire 15-week experience; however, they were only able to have a voice in experiences that dealt with the research, but not within the parameters of their mandatory OT classes at each respective college. The overwhelming sense that came from OTA students from these two colleges was a greater concern for the assignments and grades they had to complete and not for the collaborative experience and process.

College A (OT graduate students) interfaced and worked with all three of the OTA schools. These OTs were able to see first hand how much more freedom they had to determine their own learning when they were not integrated with other systems of pre-established courses where pre-determined syllabi and expectations were teacher-driven. The findings reveal that the overwhelming feeling from the graduate students was that, while the shared decision-making process was highly atypical to what they had ever experienced in academia previously, they embraced and enjoyed the process. Armstrong and Hyslop-Margison (2006) documented the importance of integrated dialogue and decision-making in learning, where everyone is encouraged to participate equally. In this way, learners contributed to their journey and were also exposed to different perspectives and ideas.

Themes one and two of the findings contrasted the Typical Approaches to OT/OTA Learning: Pre-Research Emersion with Atypical Approaches to OT/OTA Learning: Learner-Centered Research Elective. Prior to the research, adult learners were most accustomed to a teacher-centered or traditionally formatted learning approach where lecture and labs were commonplace. Within the learner-centered classroom, the collaborators’ abilities to lead, to make decisions and to communicate throughout the semester afforded ownership and an opportunity to practice valuable skills of intraprofessional partnering. Collaborative learning communities, such as this one, aimed to develop problem solving, critical thinking and
communication skills (Schroder, 2010). By having a voice in the content, grading and assessment criteria, Colleges’ A and B students were free to fully engage in the collective purpose of learning to be collaborators. They not only were afforded full engagement and a voice in creating the experience, but they also quickly learned to problem-solve and learn from their fellow cohort and counterpart peers. They were afforded opportunities, under the lens of situated learning, to utilize tools, or artifacts, which in this instance were the physical (the environments of various colleges), linguistic (the professional terminology that was learned and practiced and various mechanisms of communication) and symbolic (the professional relationships with their student counterparts) in nature (Lave & Wenger, 1991). Active listening during processing sessions and in the midst of group and teamed activities was witnessed as the collaborators endeavored to assimilate information together. Active problem solving took place in every class session, with learners freely, professionally and intentionally voicing thoughts about ideas, activities and interventions which thrived and those which fell flat. The action research process, the situated/social learning theory and the values of the learners coalesced, as new puzzle pieces snapping together to form a consummate fit. Each fostered the overarching goal of learning to collaborate by collaborating together. Group-think and reflective experiences led to collective insights surrounding roles, supervision, teaming and the value that each person brings to the occupational therapy effort.

Once we have given up the view that reflection is something that goes on in the head, and recognize that it is a self-conscious process in which the thinker considers the relationship between his or her thought and action in real and determinate historical contexts, we can see clearly that it is a social process, not a purely individual process (Kemmis, 1985, p. 143).
This came to light in Theme Two *Atypical Approaches to Learning* where participants hailed the importance of group processing and reflective thought at each juncture of the process in creating meaning and understanding to the topic of intraprofessional collaboration. Under the collaborative approach, learning was viewed not from a pedagogical teaching position, but from Lave’s situated position of the learner’s perspective (Brown & Duguid, 1996).

Yet another distinct benefit that came out of the learner-centered approach with multiple colleges was the idea of having to step out of the comfort of the home school and meet new people. Much like walking into a new job for the first time, students were exposed to working with individuals they had never met, who came from diverse life experiences and backgrounds, but who shared a collective interest in occupational therapy provision and the clients they serve. They quickly realized the importance of first impressions, of being truly committed to teamwork and of working together toward a common goal. As they created learning experiences together, they were guided by a need for answers and a desire to successfully integrate with their fellow counterparts. Meaning was constructed in the choices, formats and activities that the learners actively chose to derive understanding from a topic. Brown, Colins and Duguid suggested that learning should be context specific and purposeful, echoing back to the experiential learning roots of Dewey (Young, 1993). This type of learner-centered academic practice supports the voices and opinions of each person in the learning exchange based upon the experience and knowledge they bring to the encounters. Self-directed methods of adult learning occurs when individuals assume responsibility, interest and control of their knowledge acquisition, where their own motivations and experiences mix with those of others and are generally shaped via the creativity of the learner him/herself (Hansman & Mott, 2010). These individuated voices and ideas gelled with the others, as learners actively
engaged and contributed to the richness of the learning effort. I wonder how effective this experience would have been if it were formatted from a teacher perspective as opposed to a learner-focused one? Would the students have learned from such an elective? They would most likely have walked away with greater knowledge than they had at the outset. The cooperative process brought with it relevance, meaning, and insights that would not have occurred if the collaborators had been passive recipients of content that came from one brain, that of the educator, versus many brains of the collaborators. Every class afforded new opportunities to practice the skills of collaboration, to become more empathetic team players and to recognize the strength and importance that each role brings to the collective, OT team. So if the nature of active construction of the elective helped the stakeholders learn about intraprofessional collaboration, what were other contributing factors that directly affected their ability to develop relationships?

**Question Three:** What do the participants/adult learners in this AR study believe affected their ability to collaborate and develop sound intraprofessional relationships?

This inquiry focused on the factors which had a direct effect on their ability to form relationships. As mentioned earlier, the adult learners did feel that face-to-face immersion facilitated greater connections and bonds to promote professional relationships. The use of technological means of communication, such as texting and emailing, left more room for misinterpretation of intended content or tone. This was interesting to me, as a member of Generation X, in assuming that the collaborators who were part of Generation Y would be proficient at communicating via technological mechanisms since they were brought up with technology as part of their cultural experience. Apparently, the lack of external cues such as tone of voice, facials and gestures, stunt this method of integration, even for the savvy
Millenials. Learners also felt that being able to see one another helped their counterparts to sense more about who the person is, through their use of gestures, talking with their hands, the tone or animation of their voice, their eyebrow elevations, their sense of humor and their passion for the topic at hand. In therapy practice, time is a valuable commodity and the need to be efficient, honest, and intentional with messaging saves time and money.

Miscommunication, misinterpretation and back-stepping takes extra effort, time and ultimately can have devastatingly lasting effects on a teamed relationship. These misinterpretations can be seen by way of poor communication, as reflected in the theme *Intraprofessional Collaboration: Attributes*, and in the assumptions and misperceptions which can come within leveled professions, as reflected in theme *It’s Not All Rainbows and Uniforms: Challenges*. The findings which reflected the obstacles to intraprofessional communication were telling and helpful to informing the education of future OTA/OT students.

An area that both OTA and OT students mentioned in terms of building relationships was the willingness or lack of willingness of their counterpart to be open and to be genuinely convicted to learn from them. If both team members are not able or do not chose to be receptive and committed to working together, the intraprofessional relationship will suffer. The partnership was viewed as ideal if it was a truly reciprocal one, built on trust, honesty and a positive regard for the other. Information sharing, creativity in the face of problem-solving and a collective voice were also viewed by both the assistant and the therapy student to be important. When team members have the same goals and intentions for their clients, effective working relationships can and should flourish.
Challenges to the team dynamic can and did originate from perceived power structures that are innate to leveled professions such as OT, where the therapist and assistant have different parts to play. For example, the findings shed light on felt or perceived power issues that have the potential to infect leveled professions. If there is a better than you or a less than you attitude from either professional counterpart, a rift will reside in the relationship. Even if an individual does not feel this way, assumptions or presumed opinions from one’s counterpart about their own role can also cause the same fissure. It is only when the assistant and the therapist truly understand the strengths, skill set and training of the other that these barriers to relational success can be bridged. Problems such as these are like an infection under the skin, they are never resolved until they are openly exposed and treated. The graduate students voiced growth and newfound understanding in the skill set of their counterparts when they had the opportunity to explore their curricula, to be exposed to what their educational focus entails and to appreciate the independence that the assistant brings to the daily workings of the rehabilitation process. Scheerer (2001), in a conceptual article, suggested the use of a developmental partnering model in integrating OTA/OT students from two different universities in Ohio. In this framework, students were integrated to work on professional interactions, teamwork and partnering in hopes of creating lifelong habits of partnering within the field. An empirical study out of physical therapy, where similar professional leveling exists, paired therapy and assistant students, much in the same way Scheerer’s partnering model did (Plack et al., 2006). Students integrated for three educational sessions to participate in role play, simulations and discussions to promote intraprofessional integration in academia. Both therapy and assistant students felt more prepared to work as teams following the exercises, however the assistants requested greater opportunities for
interfacing in academia. Hence a more-integration-is-better-than-less-integration was the perception 21 physical therapy assistant students. In my research elective, OT students experienced both full emersion with their College B OTA counterparts, as well as periodic interfacing with Colleges C and D across their 15 week semester. While they felt all interactions were helpful toward their understanding of intraprofessional collaborations, the overwhelming feeling was that relationships take time to develop and this line of thinking was reinforced in the theme Rome Wasn’t Built in a Day: Neither Are Relationships.

The opportunity to work hand-in-hand with their therapy counterparts at bringing activities and projects to life, such as The Intraprofessional Collaboration Day, also had a profound effect on the collaborators as they worked together for the success of that service-learning project. While at the outset of this seminar design, students looked like deer in headlights and voiced being overwhelmed by the task, they were thoughtful and intentional in their quest to select the most important areas of information that they had learned on intraprofessional collaboration and supervision to present to their academic peers at College C. They were focused, volunteered for areas of perceived strength in a topic, and were generous in the time and effort that was expended for the seminar. Learners worked together to promote their own learning and to share what they felt was valuable to their fellow stakeholders. At the processing session status post experience, students from Colleges A and B reported feeling competent, empowered and invigorated. To be successful here, the stakeholders relied on one another to bring about success for the whole. This is the exact thinking that they must mirror in practice in relying on their professional counterpart to do what they have been trained to do. Students were able to recognize parallels of their research experiences to actual work scenarios and needs. Again, practicing of these skills before
fieldwork and work life afforded newly gained confidence and abilities for the students. So these collaborators who all shared common experiences in academia, were preparing for the wider community of internships and practice. The empirical literature spoke to teamed partnerships in fieldwork via the work of Jung et al. (2002 & 2008) and Mathews et al. (2010) with findings confirming the development of trust and respect in terms of skills and roles, as well as increased communication and collaboration respectively. The 2002 study by Jung et al. went on to recommend the need for academic preparation of students, ensuring that they enter fieldwork and practice with a mindset of cooperation, understanding collaborative interactions and prepared for peer teaching/learning reciprocity. The occupational therapy journey for adult learners begins in academia, hence strong foundations are required on which to build relationships which are promoted into fieldwork and clinical practice at large, our communities of practice. This idea provides transition to the final research question that focuses upon the notion of community, and for the sake of this study the community of practice or CoP.

**Question Four:** What is learned from this action research study that will inform ways to promote communities of practice?

Lave and Wenger defined a community of practice (CoP) as relations among people, activity and the world with a purpose of gaining knowledge and meaning for said community (1991). In my research, the CoP was the academic constituent of OT and OTA students, their integration to understand how to professionally collaborate to ultimately affect best practices in occupational therapy. The community widens, as the bay into the mouth of the ocean, to fieldwork and clinical practice with students matriculating through their educational programs and meeting the requirements for employment in the field. Findings from theme four, Rome
Wasn’t Built in a Day: Neither Are Relationships, revealed some new insights into what defines a community and some basic tenets that are necessary for the community to thrive. The action research study provided new insights into a community of practice, as well as pointed toward several ways to promote a true community: (1) it takes time to develop a community, (2) just because you dwell within said community, does not make you a fully engaged member, (3) there needs to be commitment from everyone for communities to thrive, (4) just as personal relationships take work, so too do professional ones within a community, and (5) academia needs to afford space in their already full curricula to examine the skill set of intraprofessional collaboration for the good of the community.

Nowhere in the literature on situated learning theory was there mention of the aspects or characteristics of a community. A CoP was defined from a variety of differing perspectives from the notion of legitimate peripheral participation where members strive to become more fully integrated (Lave & Wenger, 1991) to an organizational learning perspective of Brown and Duguid [1991] as discussed by Cox (2005). While these perspectives help to clarify ethos of the community, the literature is vague and esoterically theoretical at best. I wanted to understand how the community worked, how it developed and how it was viewed by its’ members. As I observed each week’s classes, I found that several ideas seemed to hold true for most members. Across the continuum of the experience, learners felt that time was needed to develop the trust, respect and the communication skills needed to successfully integrate. Various students reported the idea that few immediate connections occurred, but that over time, friendships, partnerships and teams were afforded the space, tools and opportunities to feel part of something larger than themselves. The community did come together driven by purpose: intraprofessional integration and a love for occupational therapy.
The CoP was a product of both formal and informal means of integrating. For relationships to grow and flourish, the walls and halls of formal higher education that served as the common meeting place for the community were pushed out, with other spaces carved out for community development. These opportunities were felt to be important in giving learners the opportunity to fully engage in a different context and environment than the classroom.

At the outset of the research experience, Colleges A and B were tasked with spending time together apart from academia. They could go anywhere and do any activity they desired, but it had to include input from all community members and it had to be a unanimous decision. One small group decided on a bonfire night while the other went out to dinner. These informal gatherings provided community members with the opportunity to see each other in a more personal light, as young men and women with diverse interests, instead of primarily as college students. I intentionally did not join these outings to afford the collaborators the freedom to be who they are away from the watchful eye of the researcher. The outings met with mixed reviews, with seemingly greater success from the bonfire circle where everyone shared, as compared to the long restaurant table where only a few people could directly engage at a time. Despite differing experiences, both groups did communicate that the less formal setting did promote the community in a new way. This experience also brought to light the idea that just because you are in the midst of the community, say at the restaurant outing, members are not always fully integrating or contributing members of that community. In these situations, community is not promoted to its fullest extent.

Other less formal interactions outside of the classroom forged relationships within the community and this is where the emails, texts, google projects and van rides came into play. Time was expended outside of the credit loads of the classes to work on developing and
sustaining contacts for the good of the community. I feel that it is safe to say that it took the entire 15-week time period to work toward fuller integration in the community and to feel more comfortable within the context of this academic and intraprofessional community.

Regardless of the methods for integrating its members, the community relies on the social and historical practices on which to build collective experiences, endeavoring through dynamic interaction to move toward fuller inclusion as full participants in said community (O’Donnell & Tobbell, 2007). Connections were not made overnight, learning and assimilation of large amounts of information and relationships, all take commitment and work to become more fully integrated members. When partnerships were felt to be one-sided or focused on an assignment instead of the actual relationship, the community visibly suffered. All members of the community have to value the integration, have to be willing to put forth the time it takes to foster a relationship, and have to be willing to communicate when things seem to be floundering. And in saying all members, I mean the academic leaders of those constituents as well. The American Occupational Therapy Association (AOTA) has been active in promoting the importance of educational responsibility to develop intraprofessional relationships between assistants and therapists starting with their Education Unit in 1993.

*The COTA and OTR Education Unit* from the AOTA documented several important aspects as needed to create a foundation for respectful partnerships: a curriculum that builds understanding of the education and expertise of the counterpart, instructors who model respect for each partner, direct contact with role models who represent the other counterpart and an opportunity to collaboratively learn content together (1997). The students in this research effort had not previously ever discussed or seen the educational content of their counterpart. Great value was felt to have come from laying out the curricula of all four cooperating
colleges in the study to isolate similarities and differences. I have a professional background as both an assistant and a therapist, so I would naturally endeavor to represent both roles proactively and positively for their individual strengths and assets. Of the OTA programs in the study, all professional educators were therapists and one fieldwork coordinator was an assistant, so little opportunity to see OT and OTA working together was afforded. The same holds true in the graduate program as all instructors are doctorally prepared therapists with the exception of the master’s prepared fieldwork coordinator. For an academic community to break down the stigma and perceived power issues which come with leveling, I would concur with the AOTA suggestion that good modeling needs to take place for students to see and to appreciate. While college staffs cannot be expected to change the dynamics of their departments, they can provide guest speakers and other experiences for students to meet and interact with their respective counterparts prior to fieldwork and professional practice.

Along with the notion of modeling within a community is the need for those in academia to truly live the ACOTE educational standards which require learning surrounding intraprofessional collaboration and supervision. While I believe that students do have the occasion to briefly hear about what may be expected of them in terms of supervision and working relationships, I feel that we, as academics, are falling very short in this area at promoting the community of practice. This line of thinking leads naturally then to the implications for future academic and research practices that came from my work.

**Academic Implications for Intraprofessional Collaboration**

As previously stated, I was unable to identify any empirical studies that explored the process of integrating OT/OTA students within the realm of academia across a semester for collaboration, hence corollaries and comparisons of my findings to others is impossible.
Several conceptual pieces of literature did address collaborative intraprofessional experiences in the realms of college programming (Costa et al., 2012; Johnston et al., 2013) and others addressed the importance of OTA/OT student integration and gave examples of one-day offerings where activities include case-based collaborations, panel presentations, lectures surrounding role delineations or role playing as part of the program (Coleman & Riley, 1997; York & Gitlow-Archer, 1994). Nowhere in the literature was found a semester-long offering which integrated teams of OTA/OT students in collaborative work and exploration. I do absolutely understand now, following my research study, why it is very challenging, perhaps a near impossibility, to integrate OT and OTA programs. Limitations imposed by schedules, geography, fiscal demands and logistics touch only the tip of this iceberg. So while I think that one-day offerings at integrating OTA and OT students is certainly better than complete segregation which is typically the approach, my research demonstrated that time, commitment from all involved and trust are needed to make these exchanges truly meaningful, relevant and not just another exercise in futility, viewed by learners as busy work. So what then are implications for future academic success at promoting these vital intraprofessional relationships across assistant and therapist curriculums? I will discuss where we need to start the active process of integration. Next I will discuss the mechanisms by which students seemed to benefit the most in terms of teaming and partnering. The importance of modeling effective intraprofessional relationships in academia is pivotal for students learning. Finally, I will discuss the need to focus on these cooperative relationships within the field in conjunction with or prior to study of interprofessional relationships.

First, I think it is important to begin discussion, exploration and emersion of OT/OTA students at the very start of the academic process, when they are freshman. From the first
college experiences that touch upon the profession’s domain of practice, the practitioners in
the service delivery system that is OT and the roles and functions involved in the habilitation
and rehabilitation processes, instructors/educators/professors need to be discussing the
educational preparation and skill set of both the OTA and OT to all students. The most recent
version of the Occupational Therapy Framework (2014) outlines, briefly but clearly and
accurately, the education, preparation and functions of the therapist and the assistant. So
while we endeavor to get our students into the domain and terminology of the field from the
freshman outset, we need to turn a few more pages to get to Appendix B and integrate this
into our preparation.

Second, we need to endeavor to integrate OTA and OT students, preferably face-to-
face, for exploration of content, role appreciation and understanding and relationship-building
from the educational outset. Schools which have a higher concentration of OT/OTA
programs, say in urban areas for example, will be able to capitalize on these opportunities
more readily than rural schools which are several counties away from the closest counterpart’s
college and require more than a train ride to access the program. While face-to-face
formatting was found to be most beneficial in connecting OT/OTA students, other avenues of
learning warrant exploration to increase the information exchange and practice of skills prior
to fieldwork and practice environments. In an era of technology, distance education, MOOCs
and on-line conferencing, methods of integration for students should most certainly be
explored when face-to-face integration proves to be prohibitive. Google docs, ZOOM
formatting and on-line courses may be viable options for future academic approaches to
OTA/OT collaboration. Within the context of the study, students also suggested shared
leveled assignments that could originate in the therapy school and then be passed to the
assistant school, coming full circle with collaborative learning and processing over the experience. So for example, a pathology class in a therapy curriculum may be learning about various neurological disease processes. They are given a commercially available video case to observe, and then charged with conducting an evaluation and writing a care plan for the client. The assistant students, having access to the same client video, and after receiving information from the therapy student, would then develop a comprehensive treatment regime, and reassessment planning which would then be sent back to the OT school for view. Perhaps videotaping of the treatment and/or evaluation procedures could augment these integrated experiences. A wrap session could occur over Skype, with each of the small groups conferring over the end product. This is just one creative suggestion in a line of many that students could create for the purpose of learning together, exploring the skill set of the other and truly working to forge professional relationships.

Third, if role modeling is not present in faculty staffing, educators must be sensitive and proactive in providing panel presentations, integrative opportunities, adjunct presentations or other inservicing which highlights dynamic OT/OTA teaming in practice. Leadership of the counterpart or modeling of the respective practitioner in education demonstrates the exciting and dynamic roles that both the assistant and therapist can play in administrative capacities, education, research and program development. Show-casing articles and chapters in books written by OTAs may be an excellent jumping off point to a topical discussion, and additionally serve a viable example of scholarship originating from the assistant professional force. We need to step outside of our own prescribed roles to consider the highest outcomes of our clients which begins with teemed approaches in service delivery.
Fourth, as instructors in higher education, we need to be open to explore more creative, innovative and learner-centered approaches to the consumption of information. Gone are the days of rote memorization, drill and kill tactics to content assimilation, and poorly constructed tests to serve as the measure of student learning. Meaning and relevance within the context of learning need to become the norm and not the occasional happenstance to optimize skill development. Time needs to be afforded within the context of the classroom schedule for the processing of ideas, reflection of learning experiences and critical consideration as to areas which require more attention. When adult learners come together, multiple backgrounds, perspectives, experiences and ideas can afford richness and dimension to the classroom environment. Learners need to begin to rely on each other, as well as on the instructor, for insights, direction and problem solving. While I have been very guilty of my need to control my own classroom environment and the content which my OT/OTA students have been provided in the past, I have learned through this experience that control needs to be replaced with collaboration in the face of social learning. A process that is directed by curiosity, an interest in content, and a desire to learn is far superior to attempts at perfectionistic scripting, formal lectures, and one-sided content dissemination, the stuff of teacher-centered learning environments. Adult learners have the capacity to shape the course of their learning when support, coaching and scaffolding of skills are provided by instructors who are sensitive to the timing issues of being present when needed and of fading into the background as students gain knowledge and skills.

Finally, Interprofessional Education (IPE), which looks at teamed relationships in health care between different practice disciplines, is the current buzz being driven by medical school education. While focus on the need to become more integrated in health care is seen as
pivotal, I would suggest that starting at home within the walls of our own profession, INTRAprofessional education, needs to be a priority. How can we expect our student body to become well versed in interprofessional integration, when we have miles to go in our own field? By teaching the tenets and skills of successful collaboration between OT/OTA students, our students will then be able to transfer these skills of communication, respect, honesty, creative problem solving and on and on, to the broader professional team. A win-win scenario can be accomplished by embracing the skills and qualifications of our practitioners in occupational therapy, in breaking down stereotypes and preconceived misconceptions of the leveled other, and in promoting teaming and intraprofessional success from the outset. So while these ideas were generated from the 15-week action research study which integrated OT and OTA students together for learning, much work is still needed to fully and comprehensively bridge the divide between assistant and therapist educational preparation. What are the future ramifications for continued, and I would add much needed, research?

**Future Research**

My research addressed the integration of four college systems in face-to-face, phone and distance methods of integration. While this is the first step toward obtaining data to support how my small circle of adult learners navigated intraprofessional skill building and relationship development, much more information is needed to fully understand the complexities of intraprofessional partnerships between OT and OTAs. Academia has a responsibility, not only to provide comprehensive, thoughtful, and innovative educational formatting, but also to lead the research exploration into the dynamics of integrating students for the good of the team and ultimately for best service delivery to our client populations. In
this section, I will suggest several areas and questions that might be considered for future research inquiry.

First, I think it would be helpful to conduct research which isolates one of the mechanisms of interfacing OT/OTA students, face-to-face, phone and/or technology. While my 64 students gained valuable insights into the collaborative intraprofessional process having been exposed to several interfacing methods, I am left with needing to find ways to make these experiences and this information more readily accessible and available to the occupational therapy and assistant student masses. In an age where on-line education and self-directed computer learning modules which pair with textbook content, I am curious to explore technological formatting that might reach greater numbers of OT/OTA student consumers. While face-to-face interactions were considered the ideal, students do live in a technologically driven world where the need to communicate in various formats is now the norm. This is not going away, so we need to make efforts to learn how to best provide information, learn different ways of communication and take an active role in advocating for intraprofessional relationships. Relationship development and effective supervisory skill sets are imperative to top of license OT practice, so the sooner we can find new, innovative ways to address these topics, the sooner the relational climate among our practitioners will consistently thrive. Research is the starting point for proactive change and progress in an evidence-based world of health care provision.

Second, there is a need for continued research in the area of OT Intraprofessional Collaboration. Connecting assistant and therapy students via their academic professional groups, The Student Occupational Therapy Association (SOTA), may be a way to bring formalized student groups together to work on the idea of integration for service. Many
assistant and therapy schools host these student-led organizations in efforts to groom working professionals who are informed, advocating, cause-oriented, governmentally active and occupationally promoting. This could be an ideal forum for students to combine forces for the good of their clubs, for the good of common service organizations that they support and ultimately for the good of OT/OTA partnerships in practice. Research questions which might be explored in this arena would be “How is SOTA promoting intraprofessional engagement prior to fieldwork and professional practice?” or “What community outreach programming can OT/OTA students do collaboratively, acting on behalf of their respective OT clubs, that promotes team work and partnerships?” We as OT scholars need to be thinking of innovative ways to integrate our students, to build them up and to embrace the strengths of each role in the provision of excellence in occupational therapy. We also need to study these integrations, to write about them and to have honest discussions about what actually works and what doesn’t. Evidence-based practice is the cornerstone of progressive professional practice within a field. Research, dissemination of findings and implementation of findings is the way to put evidence into practice. OT/OTA academia needs to be part of this research community, endeavoring for optimal relationships for OT practitioners.

Third, within the context of my own study, a longitudinal inquiry is warranted with my pool of 64 collaborators. It would be very interesting to contact them in a year or in five years to pose the question “Did the Intraprofessional Collaborative Research Elective prepare you for the professional world of supervision and teaming and in what ways?” While they are currently walking into the profession with clear eyes and fresh information, it would be interesting to see how and if the lessons learned through this research endeavor informs their practice, their professional relationships and their overall prospective of partnerships inside
and outside of the field. I have already alerted the 64 students that I may revisit them in the future and request to further explore their experiences with their professional counterparts in occupational therapy. In the mean time, my passion for this topic of intraprofessional integration has been fueled, as gasoline to an already established fire. I will continue to find new ways to explore the inner workings of OTA/OT relationships and will strive to be a proactive voice for the education and preparation of therapist and assistant students alike. So as I approach the culmination of my dissertation, I feel the need to reflect, as the skilled action researcher does, on my most valuable insights through this journey.

**Reflections and Concluding Thoughts**

This chapter examined the findings of the study in relation to the purpose and research questions posed and in light of the minimal literature availed in the area of intraprofessional collaboration in OT academia. The process of action research afforded opportunities for answers within the context of practice to be answered, for implications in academia to rise to the surface, availing new ways to promote collaboration, and to verify the actual need for this work in the fields of OT and adult education. While I stepped into the action research process feeling much like Dorothy lost in her Ozian vortex, the spiral of action, intervention and reflection actually proved to be freeing and highly productive.

Prior to doctoral school, I was led in my teaching by the skills of organization, of planning, of dedicated research surrounding my content, and blanketed in a perfectionistic tendency to script, rehearse and deliver information in ways that were meaningful to myself and to my students. While I was able to be spontaneous in life, I found it difficult to be spontaneous in my classroom. A teacher-centered approach was being fostered in my classrooms, whether I had intended that or not. As I began to narrow my scope of research
methodology for this inquiry, the very unpredictive nature of action research frightened the perfectionist in me. But along with the tendencies that limit me, I also have strength in problem solving and this is where the love affair with action methods began. Herr and Anderson (2005) defined the process of AR to encompass some action or cycle of actions to address a problematic situation. I was able to isolate a problem in occupational therapy education, the lack of integration of OTA/OT students to learn collaboration. I was also guided by my situated learning lens that values and promotes the social aspects of knowledge acquisition in a group of people. I quickly began to appreciate that many brains were greater at creating meaningful learning than my one brain. The life experiences, perspectives and viewpoints which the collaborators brought to the class and to the research far surpassed my wildest expectations. They were committed to working together to solve problems in academic practices, what Sullivan (1998) would define as collaboration!

Collaborative learning, long hailed for its association to the social responsibilities of learning and the benefits of shared exploration for meaning making, improving academic performance and creating joy in the assimilation of information, was being lived out across a 15-week semester (Bosworth & Hamilton, 1994). The co-constructed process of the action research study took on a life of its own. Each week, new life was breathed into areas of interest that focused upon relationship development and working together. I was promptly freed of my need to control all things, when the passion and excitement I felt surrounding the topic of inquiry extended visibly to the collaborators. Students and therapy practitioners are by nature problem solvers, it’s what we do every day within the context of our work environments. The in-the-trenches-problem-solving stance of this method of inquiry seemed authentic to the stakeholders, never contrived and always productive. An additional benefit to
the process, was the ever-present practice the collaborators were getting at working toward solving problems together, the hallmark of intraprofessional collaboration.

While I feared that some content might get lost along the unstructured path, learners were always quick to make connections to related content as the process of integrated teaming, group work and processing was cultivated. The adage *practice makes perfect* applies in part here, as the stakeholders soon learned that they were not born with the skills of professionalism, negotiation, conflict resolution, the ability to reframe their thinking, to be empathetic to the needs of others and to have a high degree of self-awareness. All of these higher order concepts and skills require practice, rehearsal, experience to develop.

Successful intraprofessional relationships are about far more that liking your co-workers or team members. It requires a comprehensive understanding of roles and skills that each counterpart brings to the partnership. It is about the values of trust, respect, positive regard that are shown in a working relationship. It is in the freedoms afforded the other to be able to creatively and skillfully do what they were trained to do in academia without fear of scrutiny or judgment. It is about doing what is best for the client population and is pulling all available brainpower and resources together to provide excellent care. Just as many brains in academia bring about multiple ideas, solutions and creative approaches to learning, so too do many brains in practice bring about optimum outcomes for our client populations.

While I have been criticized in the past for my enthusiasm and passion for the topic at hand, I have worn both hats in the OT practitioner’s wardrobe, as first an assistant and then as a therapist. I have experienced effective working relationships and I have lived through difficult professional situations wrought with power struggles. I have been the educator who is ever mindful of covering the objectives of my courses, of thoroughly respecting the
ACOTE standards and of worrying over content that was not conveyed well enough or got lost in translation. The beauty of research is that it affords an objective medium through which questions are posed, answers can be given via analysis of the data and by which new insights can be gained. I feel that passion is important in fueling curiosity to find answers to difficult questions. I feel that inquiry leads to insights, and insights can lead to proactive change. As I bring this particular action research on intraprofessional collaboration to a close, I look optimistically toward the future. I will endeavor to share the objective insights gained from this four-year research effort to the OT professional realm. I will stand firm in my convictions and my passions to advocate for these most important relationships and for the thoughtful academic instruction that is required to optimize the effectiveness of supervisory and collaborative interactions for assistants and therapists alike.
References


## APPENDIX A

*Empirical Studies Related to Intraprofessional Collaboration*

<table>
<thead>
<tr>
<th>Professional Fields and Topical Themes:</th>
<th>OT</th>
<th>PT</th>
<th>Nursing</th>
</tr>
</thead>
</table>
| **Professional Practice**               | Qualitative:  
  • Dillon, 2001  
  • Sweeney, et al., 2001  
  • Sweeney, et al., 2001 | Quantitative:  
  • Johnson, et al., 2000 | | |
| **Clinical Education**                  | Qualitative:  
  • Jung, et al, 2002  
  • Jung, et al. 2008 | Mixed Methods:  
  • Mathews, et al., 2010 | | |
| **Academia**                            | Mixed Methods:  
  • Cleary, et al., 2003 (OT/PT)  
  • Plack et al., 2006 | Quantitative:  
  • Clark, et al., 2008  
  • Yang, et al., 2012 | Mixed Methods:  
  • Feingold, et al., 2008 |
# APPENDIX B

## Conceptual Literature Related to OT Intraprofessional Collaborations

<table>
<thead>
<tr>
<th>Topical Themes</th>
<th>Authors and Publication Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Practice</strong></td>
<td>Black, T. (1996)</td>
</tr>
<tr>
<td></td>
<td>Blechert et al. (1997)</td>
</tr>
<tr>
<td></td>
<td>Campbell, K. J. (1998)</td>
</tr>
<tr>
<td></td>
<td>von Zweck (2007)</td>
</tr>
<tr>
<td><strong>Clinical Education</strong></td>
<td>Cohn, E. S., Dooley, N. R. &amp; Simmons, L. A. (2001)</td>
</tr>
<tr>
<td></td>
<td>Joe, B. E. (1994)</td>
</tr>
<tr>
<td></td>
<td>Rosenwax, Gribble, &amp; Margaria (2010)</td>
</tr>
<tr>
<td><strong>Academia</strong></td>
<td>Coleman, S. &amp; Riley, M. (1997)</td>
</tr>
<tr>
<td><strong>Combinations:</strong></td>
<td>Costa, D., Molinsky, R. &amp; Sauerwald, C. (2012)</td>
</tr>
<tr>
<td>Clinical Education &amp; Academia</td>
<td>Blechert, T. F., Christiansen, M. F. &amp; Kari, N. (1987)</td>
</tr>
<tr>
<td>Professional Practice, Clinical Education &amp; Academia</td>
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</tbody>
</table>
APPENDIX C

Recruitment Script

Project Title: Intraprofessional Collaboration: Innovations in Occupational Therapy Education

Primary Investigator: Terri Reichley Dennehy, M. Ed., OTR/L

Script: My name is Terri Reichley Dennehy and I am a doctoral candidate enrolled in the Adult Education Doctoral Program at The Pennsylvania State University, Capital College. I am also an occupational therapy assistant who returned to college to become a therapist and I now teach occupational therapy courses at college. I am currently preparing to conduct my doctoral research in the form of action research centering around academic innovations to addressing intraprofessional collaborations. This form of inquiry will be done to fulfill my doctoral dissertation requirement and to address a needed area for research, integrating occupational therapy and assistant students from two different universities in an effort to learn about the process of collaborating by collaborating.

The Centennial Vision of Occupational Therapy (2007) focuses on the dynamic, progressive nature of the profession and future plans targeted for 2017 for innovation and growth. As a leveled health-care field, therapists and assistants work toward common goals of patient advocacy, successful therapeutic outcomes and optimum occupational therapy provision via their teamed and supervisory relationships. While some make the assumption that collaboration is an innate skill set, acquired at birth, it actually consists of a wide array of learned techniques such as effective communication, negotiation, conflict resolution, mutual respect based on understanding of role delineations and personal experience, as well as teaching-learning reciprocity. While the literature is rich with conceptual pieces surrounding the importance of promoting these relationships, very little has been researched regarding academic efforts at promoting sound relationships necessary to meet the mandated supervisory and collaborative teaming which occurs in practice. I intend to co-create an innovative college elective which pairs therapy and assistant students from different university/college systems to explore the phenomena of intraprofessional collaboration and supervisory relationships.

The purpose of this research study is to develop an innovative college elective with OT/OTA students from different universities which examines skill development related to effective supervisory, collaborative and intraprofessional relationships.

The questions I hope to answer include:

• How do OT/OTA students negotiate the sometimes tenuous supervisory and intraprofessional relationships, and what are their perceptions of role delineations, effective teaming and successful collaboration?

• How does co-construction of an OTA/OT elective with students from different universities contribute to the promotion of intraprofessional collaborations?
• What do the participants/adult learners in this action research study believe affected (promoted/inhibited) their ability to collaborate and develop sound intraprofessional relationships?

• What is learned from this action research study that can inform ways to (resistance to change, power differences, types of communication, etc.) promote Communities of Practice?

To participate in this study, learners must be at least 18 years of age. Therapy students must have matriculated to their fifth year of education and be current graduate students. Therapy assistant students must be enrolled in at least their first year of instruction. Participation will be purely voluntary, with students signing up for the elective named OT/OTA Collaborations: Innovations in Education. Graduate students will achieve entry based upon a lottery system, vying for spots in two other elective options. This class will be capped at 15. Assistant students will elect the course via registration with the class being capped at 10. Other assistant students will be integrated within the context of classes they are already taking within their own university/college systems.

Participation in the elective course does not automatically assume participation in the study. Students will have the option on the first day of class to be an active data source for the study. They will be asked to sign consent forms in the presence of a form officiate who is not the primary investigator. This is to maintain confidentiality of subjects until after the semester concludes and grades are submitted in an effort to avoid feelings of collusion. Subjects can decide at any point to discontinue participation by contacting the form officiates.

In opting to participate in the study, you will take the elective along with all other registrants and/or will be integrated with the therapy students in individual classes. Participants in the elective will be an active part of co-constructing the class, inclusive of activities, assessments, and outreach as they directly relate to the syllabus objectives and in accordance with the Accreditation of Occupational Therapy Education Standards. Participants functioning within their own college’s courses will be afforded opportunities to integrate with Master’s students on assignments and collaborative conversations and journaling.

If audio or video recording is conducted by the primary investigator, the material will be secured by the PI and will be destroyed at the completion of the data collection and interpretation, transcript completion, coding and evaluative processes. The PI reserves the right to utilize this information to build on future studies and exercises her right to contact participants in the future, should a longitudinal study naturally evolve. Specifics as to these parameters will be outlined in the Informed Consent Form for Social Science Research.

There are no risks to participating in this study short of the vulnerability required with the establishment of any new relationship, case in point the development of intraprofessional collaborative teams. While such topics as communication, conflict resolution and negotiation will be broached, learners will be in a safe environment where every attempt will be made to equalize power structures, promote mutual respect, and afford a voice to everyone. In the event that learners feel a need for outreach, both college systems afford Counseling Services.
Confidentiality is a presumed risk, but this has been accounted for via the use of computer password access. Additionally all non-computerized data will be secured via the PI in locked depositories.

In participating in such a study, you may develop new insights surrounding collaborative relationships, supervisory responsibilities, role delineations, effective communication, the art of conflict resolution and negotiation and the process of action research. You will have the unique opportunity to co-construct a course with OT students from other university systems, inclusive of content, activities and assessment. As current, dynamic occupational therapy practice is evidence-based, this opportunity affords you the distinct ability to contribute to the body of research which is designed to move the profession proactively forward. Additionally, it is my sincerest hope that you will leave the experience feeling greater capacity for successful, advocating, dynamic collaborative partnerships which will ultimately positively impact your work life and patient outcomes in positive ways.

If you have any questions, please contact me, Terri Reichley Dennehy at XXX or XXX or at XXX

Thank you for your time, attention and consideration of this research endeavor.
APPENDIX D

Informed Consent Form for Social Science Research
The Pennsylvania State University

Title of Project: Intraprofessional Collaboration: Innovations in Occupational Therapy Education

Principal Investigator: Terri Reichley Dennehy, M. Ed., OTR/L, Doctoral Candidate, The Pennsylvania State University: Capitol College, School of Behavioral Sciences, W 331 Olmstead Building, Middletown, PA 17057, email: XXX

Advisor: Edward Taylor, Professor of Adult Education, The Pennsylvania State University: Capitol College, School of Behavioral Sciences, W 331 Olmstead Building, Middletown, PA 17057, email: XXX

1. Purpose of the Study: The purpose of this action research study is to develop an innovative college elective with OT/OTA students from different universities which examines skill development related to effective supervisory, collaborative and intraprofessional relationships.

2. Research Questions:
   • How do OT/OTA students negotiate the sometimes tenuous supervisory and intraprofessional relationships, and what are their perceptions of role delineations, effective teaming and successful collaboration?
   
   • How does co-construction of an OTA/OT elective with students from different universities contribute to the promotion of intraprofessional collaborations?
   
   • What do the participants/adult learners in this action research study believe affected (promoted/inhibited) their ability to collaborate and develop sound intraprofessional relationships?
   
   • What is learned from this action research study that can inform ways to (resistance to change, power differences, types of communication, etc.) promote Communities of Practice?

3. Procedures to Be Followed: You will be involved in a semester/term long action research study which examines the idea of intraprofessional collaboration specific to occupational therapy. The nuances of collaborative and supervisory relationships will be examined, the tenets of skillful cooperation, communication, teamwork and conflict resolution will be explored. Four total college/university systems will be integrated, a program which matriculates to masters entry–level therapist status and three which matriculate to associate entry-level therapy assistant status. The primary investigator will act as class facilitator, co-learner, co-participant. The participants will be engaged in a wide array of active learning methods inside and outside of the classroom, but within the scope of the community of practice (CoP) which involves appropriate contexts and populations with which OT/OTA students might naturally integrate. The
immersion research experience may involve different types of experiences geared to reinforce the notion of collaboration, and will include group and/or teamed experiences, distance and face-to-face education, journaling and evaluation of learning opportunities and experiences, real-world learning and community service and outreach. With your permission, I may also be in contact with you in the future to follow up with this line of research. I request to record your contact information which will be kept confidential and will not identify you in any way. If you would be willing to take part in future research endeavors related to this study, please let me know.

4. **Benefits:** You gain insights into the ideas of role delineation, supervisory relationships, collaborative professional practices, teaming, outreach, as well as having the distinct opportunity to be a part of a research endeavor from the inside. This will provide valuable insights into the evidence-based locus from which the profession of occupational therapy seeks to contribute, grow and practice.

5. **Duration/Time:** A semester in length for the Master of Occupational Therapy Students and a semester/term length for the Associate of Science Occupational Therapy Assistant Students will be the commitment.

6. **Statement of Confidentiality:** Any recordings, audio and or video, will be stored securely in the possession of the primary investigator. Only the primary investigator and those involved in the course will know your true identity. Further, any research documents, transcriptions or coding procedures will be labeled with pseudonyms, and will be kept securely by the primary investigator for an indefinite time. Every effort will be made to maintain the highest ethical standards, and the primary investigator will abide by both FERPA and research confidentiality parameters. Your agreement to participate in the study will be kept from the primary investigator until the semester has concluded and grades are submitted; this is done specifically to protect the participants from fear of collusion.

7. **Right to Ask Questions or Decline from the Study:** You can ask questions about the research at any time. You have the right to decline to participate in the study at any time. For questions, ask the principal investigator in person, or contact her at XXX (home) or XXX (mobile) or via email at XXX

8. **Compensation:** You will not receive financial compensation for participating in this study. Some portions of the study may be supported by grant funding to defray the costs of experiential opportunities.

9. **Voluntary Participation:** Participation is voluntary. You can withdraw from the study at any time by notifying said administrators of the participation forms.

10. **Consent:** You must be 18 years of age or older to consent to participate in this research study and fall within the prescribed required parameters for participants. Signature of this form affirms your willingness to participate in this action research study.
11. **Risks**: There are no risks to participating in this study surrounding communications, participation, interviews, journals, etc. as per the Institutional Review Board parameters. The opportunity centers on intraprofessional teamwork, communication and negotiation as parts of the skill of collaboration. While it is highly unlikely that emotional upset will be caused during this process, both college/university systems have supports in place to meet and discuss experiences which are sought out independently by the learner. Confidentiality is a presumed risk, but this has been accounted for via the use of computer password access, locked access to turned in documents and a promise of ethical research conduct. Any potential audio or video recordings will be deleted and or destroyed at the completion of transcription, coding and data analysis phases of the research.

Administrators/ Keepers of Participation forms:

Dr. , Department Head
Occupational Therapy Department
College A

Dr. , Department Head
Occupational Therapy Assistant Programs
College D

Professor , Department Head
Occupational Therapy Assistant Department
College C

Professor , Department Head
Occupational Therapy Assistant Department
College B

Dr. Edward Taylor
Professor of Adult Education
The Pennsylvania State University, Capital College

Signature of Consent/ Date
APPENDIX E

Semi-Structured Interview Questions

Experience/Behavior Questions

1. Based upon your college/university experience thus far, what types of instructional formatting have you most seen? Traditional lecture formatting, experiential, task based learning, etc.

2. Discuss your initial thoughts when you were posed with the challenge of co-constructing this course on intraprofessional collaboration?

3. How did you find the process of providing dynamic input into the development and execution of a course to be?

4. What were your initial impressions of integrating with students from another educational system?

5. Did you experience an immediate connection with your teamed partner (s) or did it develop over time?

6. And what specific activities or experiences helped to solidify this relationship?

7. What was the most profound experience you had throughout this action research based higher education elective?

8. How was your experience at being integrated into a “community of practice” throughout this course?

9. How will you take what you learned here into your professional practice?

10. Based on this experience, what would you recommend that worked well and what would you change to further enhance another course offering on OTA/OT Intraprofessional Collaboration?

Opinion/ Belief Questions

1. What was your initial belief about the therapist and assistant relationship related to supervision and teaming?

2. Do you think this belief has changed, evolved or developed over the course of the semester? How?

3. What do you think is the most important thing you learned about intraprofessional collaboration from this course?

4. What do you believe are the core characteristics of sound intraprofessional relationships?
5. What do you believe your role is in the supervisory process in OT?

6. What do you believe your role is in the collaborative/team process in OT?

7. What would you like to see happen to the educational preparation of future OTA/OT students based upon your immersion in this study?

8. What do you think are the main areas where you need to advocate for yourself in terms of the supervisory relationship?

9. How do you think the nature of the action research study supported the development of a “community of practice”?

10. What do you think this process did for you in terms of your approach to future professional teaming?

**Feeling Questions**

1. As you initially approached this opportunity, what was your overall feeling or emotional response?

2. Discuss a time when you felt pushed out of your comfort zone.

3. Discuss a meaningful activity or experience you had with your team where you felt empowered.

4. What characteristic(s) made it particularly meaningful?

5. How did you feel about any perceived power issues within the context of the course?

6. How do you feel that those issues were handled or neutralized?

7. Discuss how you felt as you became more fully integrated in the community of practice.

8. How did the course help you to feel more prepared to deal with the challenges of conflict resolution and navigating the sometimes tenuous supervisory relationships?

9. What surprised and delighted you the most?

10. What is the overall emotion that you would express related to this process and how does this fuel your desire to advocate for sound intraprofessional relationships in practice?

**Knowledge Questions**

1. Define the term intraprofessional collaboration.
2. List the major characteristics of effective intraprofessional collaboration.

3. Define supervision in the realm of occupational therapy.

4. Discuss the parameters for supervision within your states licensure and supervisory guidelines.

5. Describe your understanding of a community of practice.

6. Discuss the significance of intraprofessional collaboration and supervision as mandated by the Accreditation Council of Occupational Therapy.

7. How has this course expanded your knowledge base surrounding intraprofessional collaboration?

8. How has this course expanded your knowledge base surrounding supervision within the OT field?

9. What is the most important point(s) you will take with you from this experience?

10. If you could teach an inservice to an OT staff on this topic, what important information would you include and how might you structure your presentation?

**Sensory Questions**

1. What are some examples of the interactions you had with the class and/or your team mates that you found to be particularly profound, helpful or meaningful?

2. Describe an experiential activity in the course where you felt that you were learning about yourself.

3. Discuss how the various environments where learning took place (i.e. both campuses, in the community, during service projects, etc.) augmented or affected your learning.

4. How powerful are first impressions when meeting your counterparts and in setting the stage for developing relationships?

5. What was your favorite activity during this experience?

6. Suppose I was with you during one of your team driven outings. Describe what one looked like. What happened?

7. What was your communication style with your team?
8. What method of communication did you find most useful and why? (i.e face-to-face, speaking on the phone, texting, emailing)

9. What is your impression of a fully integrated member in a “community of practice”?

10. If you were to design a team building activity for the staff at fieldwork or on the job, what would it involve and what would the objectives aim to accomplish?

Thank you for participating in this interview process. Your comments and thoughts will help to create understanding on the topic of OT/OTA Intraprofessional Collaboration.

This interview format is structured based upon the work of Michael Quinn Patton:


EXEMPTION DETERMINATION

Date: August 7, 2015
From: Tracie Kahler, IRB Analyst
To: Terri Dennehy

Type of Submission: Initial Study
Title of Study: Intraprofessional Collaboration: Innovations in Occupational Therapy Education
Principal Investigator: Terri Dennehy
Study ID: STUDY00003061
Submission ID: STUDY00003061
Funding: 

Documents Approved:  
• Journal entries (Submitted July 17, 2015), Category: Data Collection Instrument
• Protocol: HRP 591 (August 6, 2015), Category: IRB Protocol
• Critical Incident Questionnaire (Submitted July 17, 2015), Category: Data Collection Instrument
• Starter Grant Proposal from [Redacted] (Approval in May 2015), Category: Sponsor Attachment
• Exit Interview (Submitted July 17, 2015), Category: Data Collection Instrument

The Office for Research Protections determined that the proposed activity, as described in the above-referenced submission, does not require formal IRB review because the research met the criteria for exempt research according to the policies of this institution and the provisions of applicable federal regulations.

Continuing Progress Reports are not required for exempt research. Record of this research determined to be exempt will be maintained for five years from the date of this notification. If your research will continue beyond five years, please contact the Office for Research Protections closer to the determination end date.

Changes to exempt research only need to be submitted to the Office for Research Protections in limited circumstances described in the below-referenced Investigator Manual. If changes are being considered and there are questions about whether IRB review is needed, please contact the Office for Research Protections.

Penn State researchers are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within CATS IRB (http://irb.psu.edu).
APPENDIX G

Cooperating IRB

College A
APPENDIX H

Cooperating Institutions: Non-IRB Approval Letters*

Colleges B, C, D

Date

Dear Principal Investigator:

The purpose of this letter is to inform you that I have given Terri Reichley Dennehy permission to conduct the research titled *Intraprofessional Collaborations: Innovations in Occupational Therapy Academia* engaging OT/OTA students from College A with associate students from Colleges B/C/D. This also serves as assurance that this school complies with requirements of the Family Education Rights and Privacy Act (FERPA) and will ensure that these requirements are followed in the conduct of this research.

Sincerely,

Dr./Professor______________________________
College B/C/D

*This is an example of the formatting of the letters. Actual signed letters of agreement are in the keep of the researcher. This has been done to protect the confidentiality of the participating colleges and their students.
APPENDIX I

Initial Syllabi for Colleges A and B

COLLEGE A
Occupational Therapy Department
Fall 2015
OT XXX Intraprofessional Collaboration: OT/OTA Academic Innovation
(Experimental Elective)

<table>
<thead>
<tr>
<th>OT NUMBER</th>
<th>DAY</th>
<th>TIME</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT XXX</td>
<td>Friday</td>
<td>2:00-5:00pm</td>
<td>XXX</td>
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</tbody>
</table>

Terri Reichley Dennehy, M. Ed., OTR/L
Office: XXX
Phone: XXX
Mobile: XXX
Office Hours: By Appointment

Course Description
The Centennial Vision of Occupational Therapy focuses on the dynamic, progressive nature of the profession and future plans for innovation and growth. One area of concentration is professional collaboration. As a leveled health-care field, therapists and assistants work toward common goals of patient advocacy, successful therapeutic outcomes and optimum occupational therapy provision via their teamed and supervisory relationships. While some might assume that humans naturally know how to collaborate, a vast array of skills (such as effective communication, understanding of role delineation, mutual respect, conflict resolution, and teaching-learning reciprocity) contribute to effective cooperative dynamics. This course is designed to examine the ideals of collaboration related to intraprofessional teaming, the process of learning to collaborate by integrating assistant and therapy students from different universities in cooperative pursuits, and the importance of supervisory and teemed relationships in ultimately promoting optimum patient service delivery. Learners will have the opportunity to engage in the co-construction of the course which will be framed around the concepts of working together, understanding role delineations and supervisory responsibilities, and thoughtfully examining the development of these relationships over the course of a semester.

Relationship to the Curriculum Design
This course is offered as an experimental elective for graduate level OT students who have matriculated to the first semester of graduate school (fifth year) and who will pair with sophomore level assistant students (second year) from a cooperating institution. The class is designed for innovation in course formatting, assessment and content, as viewed through a theoretical lens of situated learning and utilizing collaborative learning methods. These adult
students will be co-constructors of the meaningful learning experiences which will be framed by the American Occupational Therapy Association Accreditation Standards specific to collaboration and supervision and as they relate directly to the course objectives and learner outcomes. This innovative educational experience builds upon all knowledge acquired in the undergraduate occupational therapy program, drawing specifically from group process, psychology, management, pathology, intervention and practice courses.

Prerequisites: Students must have matriculated to graduate level status.

Student Learning Outcomes:
This course will facilitate the achievement of the following student learning outcomes established by the occupational therapy department.
1. Demonstrate the ability to effectively collaborate with others who live, work, and function within the community of practice [CoP] (colleagues, professional contacts, clients, faculty, etc.).
2. Engage in occupational therapy practice that integrates critical thinking, reflective practice, creativity, and ethical reasoning in the occupational therapy process.
3. Contribute to the body of evidence that supports traditional and emerging occupational therapy practice and/or the understanding of human occupation.

Course Objectives:
Objectives are correlated directly to The American Occupational Therapy Educational Accreditation Standards (see attached specifics) as they relate to intraprofessional supervision and collaboration. Upon completion of this course adult learners will be able to:

A. Knowledge:
   1. Define collaboration as a complex set of learned skills and identify the populations of people with whom therapists and assistants collaborate.
   2. Discuss in detail nuances of role delineation as they relate to the therapist and assistant contributions to assessment, evaluation, intervention, advocacy, leadership, scholarship and ethics.
   3. Understand the detailed facets of communication skills (verbal, nonverbal, teaching-learning reciprocity, active listening, etc.).
   4. Articulate a thorough understanding of occupational therapy ethics as related to patient service provision and supervisory relationships.

B. Performance:
   1. Integrate service and real-world learning within the context of occupational therapy as it meets the needs of those who are part of the CoP.
   2. Demonstrate a comprehensive understanding of the skills necessary for effective collaboration (communication, trust, understanding of roles, desire to collaborate, conflict resolution, etc.).
   3. Participate in outreach with learners in different university settings, professionals, individuals inside and outside of the college community, faculty and all others who are made up of the course’s CoP.

C. Affective:
   1. Negotiate the sometimes tenuous relationships which are encountered within the context of professional practice (conflict resolution, negotiation, professionalism).
2. Justify the importance of supervisory roles and effective collaborative relationships between OT/OTAs and endeavor to advocate for effective, dynamic teaming.

3. Distinguish and apply appropriate professional behaviors in a variety of educational environments as well as context specific situations.

**Texts and References:**


**Grading Policy and Course Standards:**

The instructor will provide written explanations of assignments as they evolve, along with associate grading standards and rubrics. Areas of assessment will fall under the following categories:

- Role Delineations, Ethics and Supervision
- Team building and collaboration
- Service Learning/Community Outreach
- Teaching/Learning Reciprocity/Project
- Critical Assessment Journals
- Pre and Post-testing for content understanding
- Evidence-based application
- Interviews

These potential areas of assessment would meet college parameters in terms of required formalized assessments, but also afford the flexibility needed for open exchange of ideas, meaningful experiences based upon learner experience and need, and effective use of information and tools of the trade to meet defined course objectives and to align specifically with ACOTE standards.
Grading Scale:

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
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<tbody>
<tr>
<td>95 – 100</td>
<td>A</td>
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<tr>
<td>90 – 94</td>
<td>A-</td>
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<td>60 – 64</td>
<td>D-</td>
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<td>0 - 59</td>
<td>F</td>
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Attendance, Professional Behavior and Participation

Regular class attendance is required. In order to fully grasp the reach, purpose and intent of this class to study and examine the concept of cooperation, individuals from both university/college systems must be present for this to be accomplished. Group work, teaming in potentially 1:1 or 2:1 or 3:1 student formats, individual work and whole class dialogue and experience is an expectation of this class. Dynamic, active participation from all learners/facilitators will create a climate safe for rich exchanges which are equalized in power structures, are respectful of all input, are appreciative of shared as well as divergent opinions and framed in an environment of mutual trust, respect and open communication. Learners will demonstrate professional behavior in all in- and out-of-class endeavors. Cell phones will only be utilized as appropriate, for professional outreach, research sourcing and searching or to facilitate communication between collaborative cohort members. Texting during class or other academic activities that is not course related is disrespectful. Please turn off cell phones during all classes and activities unless otherwise specified. At points in the course, audio or video recording may be utilized.

Sports Team

If you are on a sports team whose schedule will conflict with any section course, please provide the facilitator/instructor with a note from your coach and a copy of your full athletic schedule. Learners are responsible for all missed content and for checking with his/her collaborative partner in advance of the anticipated missed class to communicate coverage needs, etc.

Academic Integrity

Learners/facilitators are expected to display ethical and professional behavior and personal and teamed responsibility in accordance with the Pledge of Integrity at College A and the AOTA Code of Ethics (see reference section). Policies in the College Handbook regarding plagiarism and inappropriate conduct will be followed.
Pledge of Integrity
Self-respect and respect of others are essential in life and in service professions such as occupational therapy. In a situation where we value learning, trust, learners’ experiences and input, supporting each others’ integrity affirms and emphasizes our commitment. On specified assignments, the pledge of “I pledge to be honest and to uphold integrity” plus your signature demonstrates a commitment to self-respect and respect of others. We pledge here, and within the CoP, to be honest and respectful with you, grading your work fairly and facilitating your learning and success with course objectives as a most important aspect of the course.

Weather Emergency
In case of weather emergencies (Blizzards, delays, closings) please check your email for an announcement regarding the status of class.

Accommodations
College A welcomes otherwise qualified students with disabilities to participate in all of its courses, programs, services and activities. If you have a documented disability and would like to request accommodations in order to access course material, activities, or requirements, please contact the Director of Disability Services. If your documentation meets the college’s guidelines, you will be given a letter from Disability Services for each of your professors. Students experiencing certain documented temporary conditions, such as post-concussive symptoms, may also qualify for temporary academic accommodations and adjustments. As early as possible in the semester, set up an appointment to meet with me, the facilitator, to discuss the academic adjustments specified in your accommodations letter as they pertain to my class.

Let’s collaborate together and make this an outstanding experience and a rich semester for learning, communicating and socially constructing knowledge!!!!!
Accreditation Standards from The Occupational Therapy Accreditation Association: (specific to this course)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Master’s Degree</th>
<th>Associate Degree</th>
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</thead>
<tbody>
<tr>
<td><strong>Screening, Evaluation and Referral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.4.5</td>
<td>Compare and contrast the role of the OT and OTA in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the OT and OTA in that process.</td>
<td>Articulate the role of the OTA and OT in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the OT and OTA in that process.</td>
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**Intervention Plan: Formulation and Implementation**

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<thead>
<tr>
<th>Standard</th>
<th>Master’s Degree</th>
<th>Associate Degree</th>
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</thead>
<tbody>
<tr>
<td>B.5.18</td>
<td>Use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the OT and learner to identify appropriate educational methods.</td>
<td></td>
</tr>
<tr>
<td>B.5.25</td>
<td>Identify and demonstrate techniques in skills of supervision and collaboration with OTAs and other professional on therapeutic interventions.</td>
<td>Demonstrate skills of collaboration with OTs and other professionals on therapeutic interventions.</td>
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</tbody>
</table>

**Leadership and Management**

<table>
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<tr>
<th>Standard</th>
<th>Master’s Degree</th>
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<tbody>
<tr>
<td>B.7.7</td>
<td>Develop strategies for effective, competency-based legal and ethical supervision of OT and non-OT personnel.</td>
<td>Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.</td>
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</table>

**Scholarship**

<table>
<thead>
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<th>Standard</th>
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<tbody>
<tr>
<td>B.8.3</td>
<td>Use professional literature to make evidence-based practice decisions in collaboration with the OT.</td>
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**Professional Ethics, Values and Responsibilities**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Master’s Degree</th>
<th>Associate Degree</th>
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</thead>
<tbody>
<tr>
<td>B.9.8</td>
<td>Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the OT/OTA.</td>
<td>Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the OT/OTA.</td>
</tr>
</tbody>
</table>
COURSE SYLLABUS

I. Course Name: Intraprofessional Collaboration: OTA/OT Academic Innovation

II. Course Number: OTA XXX

III. Course Description: The Centennial Vision of Occupational Therapy focuses on the dynamic, progressive nature of the profession and future plans for innovation and growth. One area of concentration is professional collaboration. As a leveled health-care profession, therapists and assistants work toward common goals of patient advocacy, successful therapeutic outcomes and optimum occupational therapy provision via their teamed and supervisory relationships. While some might assume that humans naturally know how to collaborate, a vast array of skills (such as effective communication, understanding of role delineations, mutual respect, conflict resolution, and teaching-learning reciprocity) contribute to effective cooperative dynamics. This course is designed to examine the ideals of collaboration related to intraprofessional teaming, the process of learning to collaborate by integrating assistant students with therapy students from a participating institution in cooperative pursuits, and the importance of supervisory and teamed relationships in ultimately promoting optimum patient service delivery. Students will have the opportunity to engage in the co-construction of the course which will be framed around the concepts of working together, understanding role delineations and supervisory responsibilities, and thoughtfully examining the development of these relationships over the course of the semester.

IV. Prerequisites: OTA 205

V. Objectives:
Objectives are correlated directly to The American Occupational Therapy Educational Accreditation Standards (see attached details) as they relate to intraprofessional supervision and collaboration. Upon completion of this course adult learners will be able to:

A. KNOWLEDGE:

1. Define collaboration as a specific set of learned skills and identify the populations of people with whom OT collaborates.
2. Discuss in detail specifics of role delineation as they relate to the therapist and assistant contributions to assessment, evaluation, intervention, advocacy, leadership, scholarship and ethics.
2. Articulate the nuances of the various facets of communication skills (verbal, nonverbal, teaching-learning reciprocity, active listening, etc.).
3. Understand occupational therapy ethics as related to patient service provision and supervisory relationships.

B. PERFORMANCE:

1. Integrate service and real-world learning within the context of occupational therapy as it meets the needs of those who are part of the community of practice.
2. Demonstrate the skills necessary for effective collaboration (communication, trust, understanding of roles, desire to collaborate, conflict resolution, etc.).
3. Demonstrate learning acquired via participation in outreach with learners in different university settings, professionals, individuals inside and outside of the college community, faculty and all others who are made up of the course’s community of practice.

C. AFFECTIVE:

1. Negotiate the sometimes tenuous relationships which are encountered within the context of professional practice (conflict resolution, negotiation, professionalism).
2. Justify the importance of supervisory roles and effective collaborative relationships between OT/OTAs and endeavor to advocate for effective, dynamic teaming.
3. Distinguish and apply appropriate professional behaviors in a variety of educational environments as well as context specific situations.

VI. Time Allotment: 3 Credit

VII. Grading Criteria:

Grading Scale:  
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<td>60-64</td>
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<td>F</td>
<td>0-59</td>
</tr>
</tbody>
</table>
VIII. Texts and References:


IX: Teaching Facilities:
Teaching/learning will occur on and off campus as it directly correlates to the context, environments and communities of practice involved. College B facilities will be a meeting place, as will College A.

X. Teaching Methods:
Experiential/Hands-On Formatting
A wide array of teaching experiences which celebrate the adult learner will be integrated. Co-construction of activities, projects, assessments, experiences and outreach will be done in collaboration with instructor/students. Hands-on doing, experiential, real-world outreach will be integrated as a means of educating for content, understanding, application and relevance. Instructors will facilitate this dynamic innovation in adult learning centering around collaboration for successful occupational therapy process and practice. Journaling, self-assessment, experience critiques, outreach are only a few exciting options which will be availed to the learner.

Information Literacy and Technology
Research collaborations, fact-finding and sourcing are skills which will be utilized in the course. Basic computer searches, social networking via skype or face time may be integrated as well.

XI. Software: Potential access to phone apps may be helpful. Communication via college system’s formatting (Blackboard) will occur throughout the semester via postings and emails.

XII. References: See Section VIII

XIII. Evaluation of Learning:
As co-construction of the course will ultimately determine final assessment criteria, a variety of dynamic self- and instructor driven surveys, assessments, projects and active participation will drive evaluation.

XIV. Course Content:
Content is framed by the ACOTE standards as well as the course objectives. As the course is also a journey in academic innovations, it will be co-constructed by learners with facilitation by the instructors. This is an example of a potential Semester at a Glance, which will be provided early in the semester and be based upon student input.
<table>
<thead>
<tr>
<th>CLASSROOM CONTENT</th>
<th>METHODS</th>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>Defining collaboration in general and specific to health care and OT</td>
<td>Active learning</td>
<td>Meet and Greet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teamed Activity with OT/OTA</td>
</tr>
<tr>
<td>Defining supervision in terms of collaboration, ethics, litigation</td>
<td>Lecture</td>
<td>Compare OT/OTA programs</td>
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<td></td>
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<td>Special Speaker</td>
<td>How to activities with integrated experiences</td>
</tr>
<tr>
<td>What Happens when things work well…. and don’t</td>
<td>Panel Presentations</td>
<td>Question and Answer time with the experts in the field</td>
</tr>
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APPENDIX J

Revised Syllabi for Colleges A and B

COLLEGE A
Occupational Therapy Department
Fall 2015 (FINAL EDITION)
OT XXX Intraprofessional Collaboration: OT/OTA Academic Innovation
(Experimental Elective)

<table>
<thead>
<tr>
<th>OT NUMBER</th>
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</tr>
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<tbody>
<tr>
<td>OT XXX</td>
<td>Friday</td>
<td>2:00-5:00pm</td>
<td>XXX</td>
</tr>
</tbody>
</table>

Terri Reichley Dennehy, M. Ed., OTR/L
Phone: XXX
Mobile: XXX
Office Hours: By Appointment

Course Description
The Centennial Vision of Occupational Therapy focuses on the dynamic, progressive nature of the profession and future plans for innovation and growth. One area of concentration is professional collaboration. As a leveled health-care field, therapists and assistants work toward common goals of patient advocacy, successful therapeutic outcomes and optimum occupational therapy provision via their teamed and supervisory relationships. While some might assume that humans naturally know how to collaborate, a vast array of skills (such as effective communication, understanding of role delineation, mutual respect, conflict resolution, and teaching-learning reciprocity) contribute to effective cooperative dynamics. This course is designed to examine the ideals of collaboration related to intraprofessional teaming, the process of learning to collaborate by integrating assistant and therapy students from different universities in cooperative pursuits, and the importance of supervisory and teamed relationships in ultimately promoting optimum patient service delivery. Learners will have the opportunity to engage in the co-construction of the course which will be framed around the concepts of working together, understanding role delineations and supervisory responsibilities, and thoughtfully examining the development of these relationships over the course of a semester.

Relationship to the Curriculum Design
This course is offered as an experimental elective for graduate level OT students who have matriculated to the first semester of graduate school (fifth year) and who will pair with sophomore level assistant students (second year) from cooperating institutions Outreach and student to student collaboration will take place in face to face, on-line, and other technological methods for a diversified experience. The class is designed for innovation in course formatting, assessment and content, as viewed through a theoretical lens of situated learning and utilizing
collaborative learning methods. These adult students will be co-constructors of the meaningful learning experiences which will be framed by the American Occupational Therapy Association Accreditation Standards specific to collaboration and supervision and as they relate directly to the course objectives and learner outcomes. This innovative educational experience builds upon all knowledge acquired in the undergraduate occupational therapy program, drawing specifically from group process, psychology, management, pathology, intervention and practice courses.

Prerequisites: Students must have matriculated to graduate level status.

**Student Learning Outcomes:**
This course will facilitate the achievement of the following student learning outcomes established by the occupational therapy department.

1. Demonstrate the ability to effectively collaborate with others who live, work, and function within the community of practice [CoP] (colleagues, professional contacts, clients, faculty, etc.).
2. Engage in occupational therapy practice that integrates critical thinking, reflective practice, creativity, and ethical reasoning in the occupational therapy process.
3. Contribute to the body of evidence that supports traditional and emerging occupational therapy practice and/or the understanding of human occupation.

**Course Objectives:**
Objectives are correlated directly to The American Occupational Therapy Educational Accreditation Standards (see attached specifics) as they relate to intraprofessional supervision and collaboration. Upon completion of this course adult learners will be able to:

A. Knowledge:
   1. Define collaboration as a complex set of learned skills and identify the populations of people with whom therapists and assistants collaborate.
   2. Discuss in detail nuances of role delineation as they relate to the therapist and assistant contributions to assessment, evaluation, intervention, advocacy, leadership, scholarship and ethics.
   3. Understand the detailed facets of communication skills (verbal, nonverbal, teaching-learning reciprocity, active listening, etc.).
   4. Articulate a thorough understanding of occupational therapy ethics as related to patient service provision and supervisory relationships.

B. Performance:
   1. Integrate service and real-world learning within the context of occupational therapy as it meets the needs of those who are part of the CoP.
   2. Demonstrate a comprehensive understanding of the skills necessary for effective collaboration (communication, trust, understanding of roles, desire to collaborate, conflict resolution, etc.).
   3. Participate in outreach with learners in different university settings, professionals, individuals inside and outside of the college community, faculty and all others who are made up of the course’s CoP.

C. Affective:
   1. Negotiate the sometimes tenuous relationships which are encountered within the context of professional practice (conflict resolution, negotiation, professionalism).
   2. Justify the importance of supervisory roles and effective collaborative relationships between OT/OTAs and endeavor to advocate for effective, dynamic teaming.
3. Distinguish and apply appropriate professional behaviors in a variety of educational environments as well as context specific situations.

Texts and References:


registered occupational therapists (OTRs) and certified occupational therapy assistants (COTAs). The American Journal of Occupational Therapy, 44 (12), 1091-1102.


Grading Policy and Course Standards:

The instructor will provide explanations of assignments as they evolve, along with associate grading standards. Areas of assessment will topically fall under the following categories:

- Role Delineations, Ethics and Supervision
- Team building and collaboration
- Service Learning/Educational Outreach
- Teaching/Learning Reciprocity/ Project
- Critical Assessment and Journals
- Pre and Post-testing for content understanding
- Evidence-based application
- Interviews

The following areas of assessment would meet college parameters in terms of required formalized assessments, but also afford the flexibility needed for open exchange of ideas, meaningful experiences based upon learner experience and need, and effective use of information and tools of the trade to meet defined course objectives and to align specifically with ACOTE standards.

Areas of Assessment: (10 % each of your grade for a total of 100%)
Structure and lead Mixer and introductory activities with College D Students
Structure and lead Trust Activities with College B
Painting 1
Painting 2
Structure and co-construct the day’s events each class (from list of options)
Design a full day gathering with College B and College C which addresses intraprofessional collaboration
Dream Clinic Collaboration with College D Students
Intake Experience
Exit Survey
Journaling and Critical Incident Questionnaires
Grading Scale:

- 95 – 100 = A
- 90 – 94 = A-
- 88 – 89 = B+
- 85 – 87 = B
- 80 – 84 = B –
- 78 – 79 = C +
- 75 – 77 = C

Attendance, Professional Behavior and Participation

Regular class attendance is required. In order to fully grasp the reach, purpose and intent of this class to study and examine the concept of cooperation, individuals from both university/college systems must be present for this to be accomplished. Five points will be taken off your participation grad for every class missed, unless you are able to make outside efforts to make up the work. Group work, teaming in potentially 1:1 or 2:1 or 3:1 student formats, individual work and whole class dialogue and experience is an expectation of this class. Dynamic, active participation from all learners/facilitators will create a climate safe for rich exchanges which are equalized in power structures, are respectful of all input, are appreciative of shared as well as divergent opinions and framed in an environment of mutual trust, respect and open communication. Learners will demonstrate professional behavior in all in- and out-of-class endeavors. Cell phones will only be utilized as appropriate, for professional outreach, research sourcing and searching or to facilitate communication between collaborative cohort members. Texting during class or other academic activities that is not course related is disrespectful. Please turn off cell phones during all classes and activities unless otherwise specified. At points in the course, audio or video recording may be utilized.

Sports Team

If you are on a sports team whose schedule will conflict with any section course, please provide the facilitator/instructor with a note from your coach and a copy of your full athletic schedule. Learners are responsible for all missed content and for checking with his/her collaborative partner in advance of the anticipated missed class to communicate coverage needs, etc.

Academic Integrity

Learners/facilitators are expected to display ethical and professional behavior and personal and teamed responsibility in accordance with the Pledge of Integrity at College A and the AOTA Code of Ethics (see reference section). Policies in the College Handbook regarding plagiarism and inappropriate conduct will be followed.

Pledge of Integrity

Self-respect and respect of others are essential in life and in service professions such as occupational therapy. In a situation where we value learning, trust, learners’ experiences and input, supporting each others’ integrity affirms and emphasizes our commitment. On specified assignments, the pledge of “I pledge to be honest and to uphold integrity” plus your signature demonstrates a commitment to self-respect and respect of others. We pledge here, and within the
CoP, to be honest and respectful with you, grading your work fairly and facilitating your learning and success with course objectives as a most important aspect of the course.

Weather Emergency
In case of weather emergencies (Blizzards, delays, closings) please check your email for an announcement regarding the status of class.

Accommodations
College A welcomes otherwise qualified students with disabilities to participate in all of its courses, programs, services and activities. If you have a documented disability and would like to request accommodations in order to access course material, activities, or requirements, please contact the Director of Disability Services. If your documentation meets the college’s guidelines, you will be given a letter from Disability Services for each of your professors. Students experiencing certain documented temporary conditions, such as post-concussive symptoms, may also qualify for temporary academic accommodations and adjustments. As early as possible in the semester, set up an appointment to meet with me, the facilitator, to discuss the academic adjustments specified in your accommodations letter as they pertain to my class

Let’s collaborate together and make this an outstanding experience and a rich semester for learning, communicating and socially constructing knowledge!!!!!
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<tr>
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**Screening, Evaluation and Referral**

**Intervention Plan: Formulation and Implementation**

B.5.18 Use the teaching-learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the OT and learner to identify appropriate educational methods.

B.5.25 Identify and demonstrate techniques in skills of supervision and collaboration with OTAs and other professionals on therapeutic interventions. Demonstrate skills of collaboration with OTs and other professionals on therapeutic interventions.

**Leadership and Management**

B.7.7 Develop strategies for effective, competency-based legal and ethical supervision of OT and non-OT personnel. Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.

**Scholarship**

B.8.3 Use professional literature to make evidence-based practice decisions in collaboration with the OT.

**Professional Ethics, Values and Responsibilities**

B.9.8 Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the OT/OTA. Identify and explain the need for supervisory roles, responsibilities and collaborative professional relationships between the OT/OTA.


**COURSE SYLLABUS**

I. **Course Name:** Intraprofessional Collaboration: OTA/OT Academic Innovation

II. **Course Number:** OTA XXX

III. **Course Description:** The Centennial Vision of Occupational Therapy focuses on the dynamic, progressive nature of the profession and future plans for innovation and growth. One area of concentration is professional collaboration. As a leveled health-care profession, therapists and assistants work toward common goals of patient advocacy, successful therapeutic outcomes and optimum occupational therapy provision via their teamed and supervisory relationships. While some might assume that humans naturally know how to collaborate, a vast array of skills (such as effective communication, understanding of role delineations, mutual respect, conflict resolution, and teaching-learning reciprocity) contribute to effective cooperative dynamics. This course is designed to examine the ideals of collaboration related to intraprofessional teaming, the process of learning to collaborate by integrating assistant students with therapy students from a participating institution in cooperative pursuits, and the importance of supervisory and teamed relationships in ultimately promoting optimum patient service delivery. Students will have the opportunity to engage in the co-construction of the course which will be framed around the concepts of working together, understanding role delineations and supervisory responsibilities, and thoughtfully examining the development of these relationships over the course of the semester with students from three other college/university systems.

IV. **Prerequisites:** OTA 205

V. **Objectives:**
Objectives are correlated directly to The American Occupational Therapy Educational Accreditation Standards (see attached details) as they relate to intraprofessional supervision and collaboration. Upon completion of this course adult learners will be able to:

A. **KNOWLEDGE:**

1. Define collaboration as a specific set of learned skills and identify the populations of people with whom OT collaborates.
2. Discuss in detail specifics of role delineation as they relate to the therapist and assistant contributions to assessment, evaluation, intervention, advocacy, leadership, scholarship and ethics.
2. Articulate the nuances of the various facets of communication skills (verbal, nonverbal, teaching-learning reciprocity, active listening, etc.).
3. Understand occupational therapy ethics as related to patient service provision and supervisory relationships.

B. PERFORMANCE:

1. Integrate service and real-world learning within the context of occupational therapy as it meets the needs of those who are part of the community of practice.
2. Demonstrate the skills necessary for effective collaboration (communication, trust, understanding of roles, desire to collaborate, conflict resolution, etc.).
3. Demonstrate learning acquired via participation in outreach with learners in different university settings, professionals, individuals inside and outside of the college community, faculty and all others who are made up of the course’s community of practice.

C. AFFECTIVE:

1. Negotiate the sometimes tenuous relationships which are encountered within the context of professional practice (conflict resolution, negotiation, professionalism).
2. Justify the importance of supervisory roles and effective collaborative relationships between OT/OTAs and endeavor to advocate for effective, dynamic teaming.
3. Distinguish and apply appropriate professional behaviors in a variety of educational environments as well as context specific situations.

VI. Time Allotment: 3 Credits

VII. Grading Criteria:

Grading Scale:  

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VIII. Texts and References:


IX: **Teaching Facilities:**
Teaching/learning will occur on and off campus as it directly correlates to the context, environments and communities of practice involved. College B facilities will be a meeting place, as will College A.
X. **Teaching Methods:**
**Experiential/Hands-On Formatting**
A wide array of teaching experiences which celebrate the adult learner will be integrated. Co-construction of activities, projects, assessments, experiences and outreach will be done in collaboration with instructor/students. Hands-on doing, experiential, real-world outreach will be integrated as a means of educating for content, understanding, application and relevance. Instructors will facilitate this dynamic innovation in adult learning centering around collaboration for successful occupational therapy process and practice. Journaling, self-assessment, experience critiques, outreach are only a few exciting options which will be availed to the learner.

**Information Literacy and Technology**
Research collaborations, fact-finding and sourcing are skills which will be utilized in the course. Basic computer searches, social networking via skype or face time may be integrated as well.

XI. **Software:** Potential access to phone apps may be helpful. Communication via college system’s formatting (Blackboard) will occur throughout the semester via postings and emails.

XII. **References:** See Section VIII

XIII. **Evaluation of Learning:**
As co-construction of the course will ultimately determine final assessment criteria, a variety of dynamic self- and instructor driven surveys, assessments, projects and active participation will drive evaluation.

**Grading Policy and Course Standards:**
The instructor will provide explanations of assignments as they evolve, along with associate grading standards. Areas of assessment will topically fall under the following categories:

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XIV. Course Content:
Content is framed by the ACOTE standards as well as the course objectives. As the course is
also a journey in academic innovations, it will be co-constructed by learners with facilitation by
the instructors. This is an example of a potential Semester at a Glance, which will be provided
early in the semester and be based upon student input.
<table>
<thead>
<tr>
<th>CLASSROOM CONTENT</th>
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- *Costa (2012)*
- *Hilton (2001)*
- Add Elements to Syllabus
- Consent Forms
- Intake Interview / Survey

<table>
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<td>College A</td>
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<td><em>Taylor (2008)</em> Clt. &amp;</td>
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- Introductory activity for Tuesday’s class.
- Practice with peers.

Notes:
Research is fun! 😊
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<td>Team meeting on critical incident questionnaires</td>
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*Nice job collaboration!*
# November 2015

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<td>Planning for Nov 20th Day at College A+B</td>
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<td>Communication and conflict resolution (interpretation)</td>
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<td>College D: No classes/work day?</td>
<td>Thanksgiving Break</td>
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<td>Colleges A+B+D @ C</td>
<td>Thanksgiving Break</td>
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<td>Notes:</td>
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<td>Go team!!!</td>
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- Drop in with B students
- Exit surveys
- Critical Incident Questionnaires

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last day of classes!
Who did what?
Possible final presentations

College A
B @ A

College B
B @ B

College B
B @ B

Collaboration is everything

We are into professional collaborators!
APPENDIX K

Intake Survey

Completion of this survey is voluntary. By completing this survey, you are giving consent to participating in this study. You may quit the survey at any time.

General Fixed Response Questions. Circle your response.

(1) This is my _______ Intake Survey _______ Exit Survey
(2) I am an _______ OTA student _______ OT student
(3) I am taking this class for _______ Credit _______ Audit _______ CR1
(4) If an OTA student, do you plan to continue your education to become an OTR/L at some point in the future? _______ Yes _______ No
(5) In your opinion, do you feel that the idea of intraprofessional collaboration in occupational therapy has been an active and integrated part of your course of study to this point? _______ Yes _______ No
(6) Have you discussed or seen any of the following documents in any of your college courses to this point:
   Occupational Therapy Educational Standards _______ Yes _______ No
   OT Code of Ethics _______ Yes _______ No
   Guidelines for Supervision _______ Yes _______ No
   Licensure Documents _______ Yes _______ No
   Entry Level Role Delineations _______ Yes _______ No
(7) Did the opportunity to engage in a research study have any bearing on your taking this course? _______ Yes _______ No
(8) Have you ever been given the opportunity to integrate with students from other universities within the context of academia? For example, therapy students and assistant students taking a class or a portion of a class together. _______ Yes _______ No
Demographic Fixed Response Questions. Please respond to the following questions. Fill in or circle as directed.

(1) Gender_________________________

(2) Age_____________________________

(3) Race____________________________

(4) Which applies to you: (Circle) Commuter College Resident

(5) Current semester or term__________________________________________

(6) Highest Level of Completed Education: (Circle)

High School Associate Degree Bachelors Degree Masters Degree

(7) Currently employed at (include position)________________________________

(8) I have observed working relationships between COTA/OTRs at:
(Circle all that apply and specify setting))

University/ College Fieldwork Volunteering Work
Other:_________________________________________________________________

(9) I am currently most interested in what aspect of OT practice?
(Circle any that apply)

Pediatrics School-Based Practice Inpatient Rehab Geriatrics
Other:_________________________________________________________________

(10) Do you have administrative ambitions within the field?
(Circle your response) Yes No Uncertain

(11) Do you plan to be a researcher in the field?
(Circle your response) Yes No Uncertain
Demographic Fixed Response Questions. Please respond to the following questions. Fill in or circle as directed.

(12) Have you ever had an experience where you applied leadership skills? (Circle all that apply)
Volunteer Experience   Fieldwork   Summer Camp Counselor   Job
Other: ____________________________

(13) Have you ever had an experience in which you were supervised by someone else? (Circle all that apply)
Volunteer Experience   Fieldwork   Summer Camp Counselor   Job
Other: ____________________________

(14) How do you feel about being supervised by an occupational therapist in practice (for OTA students)? (Circle any that apply)
Grateful   Happy to Collaborate   Nervous/Ambivalent   Indifferent
Other: ____________________________

(14) How do you feel about supervising occupational therapy assistants (for OT students)? (Circle any that apply)
Grateful   Happy to Collaborate   Nervous/Ambivalent   Indifferent
Other: ____________________________

(15) Do you currently feel equipped to effectively participate in an intraprofessional way with other OT practitioners? Yes   No
Narrative Open-Ended Responses. Please write your responses in the lines provided. If you need more space, please utilize the blank sheet of paper attached to the survey.

(1) What characteristics do you possess that make you a good collaborator?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(2) What concerns, if any, do you have in terms of intraprofessional teaming and supervisory relationships?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(3) What is your understanding of role delineation (OTA and OT roles) in Occupational Therapy?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(4) In your opinion, what are the challenges of integrating students from two different university/college systems in a course of study?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Narrative Open-Ended Responses. Please write your responses in the lines provided. If you need more space, please utilize the blank sheet of paper attached to the survey.

(5) In your opinion, what are the advantages of integrating students from different university/college systems in a course of study?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(6) How do you handle conflict?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(7) Why (or why not) do you think collaborating with fellow professionals in OT is important to the process of patient care and outcomes?
________________________________________________________________________
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(8) What skills do you feel are important for a successful collaborative relationship to exist?
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(9) What do you think might interfere with a working relationship?
________________________________________________________________________
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**Likert-Type Rating Scale.** Rank your feelings on the following statements based upon the scale provided. Choose only one response for each statement.

1 = Strongly Agree  
2 = Agree  
3 = No opinion and/or Somewhat Agree (specify which)  
4 = Disagree  
5 = Strongly Disagree

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<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat or No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>(1) Intraprofessional collaboration between OTA/OT students has been integrated in my education.</td>
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<td>(2) I am nervous about the supervisory process.</td>
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<td>(3) I feel I have the skills to negotiate conflict in the workplace.</td>
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<td>(4) Trust is an important aspect of sound working relationships.</td>
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<td>(5) I fully understand OT/OTA role delineations.</td>
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<td>(6) I feel confident in knowing my state licensure requirements for supervision and documentation.</td>
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<td>(7) COTAs can serve as administrators and Directors of Rehab.</td>
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<td>(8) Service competencies are for both OTs and OTAs to do if they are not proficient in a given technique or area.</td>
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**Likert-Type Rating Scale.** Rank your feelings on the following statements based upon the scale provided. Choose only one response for each statement.

1 = Strongly Agree  
2 = Agree  
3 = No opinion or Somewhat Agree (specify which)  
4 = Disagree  
5 = Strongly Disagree

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<th>Agree</th>
<th>Somewhat or No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>(9) Face to face supervision is the best form of supervision.</td>
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<td>(10) Working with my student counterparts in college before I have to do it in practice allays some of my anxieties.</td>
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<td>(11) Educational Standards for OTA/OT programs outline very few requirements for collaboration.</td>
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<td>(12) I am concerned about the legal and ethical parameters of supervision in my future employment.</td>
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<td>(13) Effective collaboration of the OTR/COTA team has a big impact on patient outcomes and insurance expenditures.</td>
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<td>(14) It is my responsibility to advocate for effective teaming in practice.</td>
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<td>(15) Research that manifests evidence-based results can proactively change the face of OT practice and education.</td>
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Survey No._____

**Likert-Type Rating Scale.** Rank your feelings on the following statements based upon the scale provided. Choose only one response for each statement.

- **1 = Strongly Agree**
- **2 = Agree**
- **3 = No opinion or Somewhat agree (specify which)**
- **4 = Disagree**
- **5 = Strongly Disagree**

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<th>Agree</th>
<th>Somewhat or No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>(16) I am well versed on the definition and facets of effective collaboration.</td>
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<td>(17) I feel fully integrated in a community of fellow OTAs/OTs currently.</td>
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<td>(18) I am certain where to locate my supervisory and licensure documents.</td>
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<td>(19) I am confident in my professional behaviors in handling a tenuous or difficult intraprofessional situation.</td>
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<td>(20) By taking an active role in the development of this course, I feel invested in my learning.</td>
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**Thank you very much for participating in this survey!**

Survey format based off information from:

**Extra Comments and Overflow for Narrative Responses**
APPENDIX L

Survey No.______

Exit Survey

Completion of this survey is voluntary. By completing this survey, you are giving consent to participating in this study. You may quit the survey at any time.

General Fixed Response Questions. Circle your response.

(1) This is my Intake Survey Exit Survey

(2) I am a(n) OTA student OT student

(3) If an OTA, do you plan to continue your education to become an OTR/L at some point in the future?
   (Circle your response) Yes No

(4) Have you ever been given the opportunity to co-construct a college course, inclusive of selecting content, activities and assessment formats, before this experience?
   (Circle your response) Yes No

(5) Have you ever had the opportunity to integrate with students from another university to collaborate in academic instruction and learning? Excludes fieldwork.
   (Circle your response) Yes No

(6) Would you recommend this course/experience to future students?
   (Circle your response) Yes No

(7) Did the course/experience meet the objectives?
   (Circle your response) Yes No

(8) Did the course/experience meet your expectations?
   (Circle your response) Yes No

(9) Do you now feel more comfortable/confident interacting with students in other programs than prior to this course/experience?
   (Circle your response) Yes No

(10) Do you feel greater confidence in your own professional role, and in the role of your intraprofessional team member following this experience/semester?
    (OTA and OT role delineations and functions within the team)
    (Circle your response) Yes No
(11) Were you surprised by the leadership skills and abilities you witnessed in this experience/course?
(Circle your response) Yes No

(12) Were you surprised by the leadership skills and abilities you demonstrated during this experience/course?
(Circle your response) Yes No N/A
Demographic Fixed Response Questions. Please respond to the following questions. Fill in or circle as directed.

(1) Gender________________________

(2) Age____________________________

(3) Race____________________________

(4) Do you have administrative ambitions within the field?  
   (Circle your response)  Yes  No  Uncertain

(5) Do you plan to be a researcher in the field?  
   (Circle your response)  Yes  No  Uncertain
Narrative Open-Ended Responses. Please write your responses in the lines provided. If you need more space, please utilize the blank sheet of paper attached to the survey.

(1) I participated in this course/experience primarily because
________________________________________________________________________
________________________________________________________________________
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(2) What was your reaction to this course/experience?
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(3) What newly developed or previously unrecognized characteristics that you discovered via this course/experience do you possess that make you a good collaborator?
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(4) What concerns, if any, do you still have in terms of intraprofessional teaming and supervisory relationships?
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________________________________________________________________________

(5) What is your understanding of role delineation (OTA and OT roles) in Occupational Therapy?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
(6) Discuss your feelings about actively integrating in professional relationships with fellow OT practitioners having experienced this course/experience.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(7) What would you tell other students about this course/experience if they asked you about it.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(8) In your opinion, what have been the challenges of integrating students from several different college systems in a course of study?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(9) In your opinion, what have been the advantages of integrating students from different college systems in a course of study?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(10) How do you feel the action research process (course/experience format) affected your ability to collaborate?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
(11) How do you feel the action research process (course/experience format) affected your ability to develop intraprofessional (OTA/OT) relationships?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(12) Why would you or why would you not recommend this course to future students?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(13) What about this study can serve to inform the profession about learning intraprofessional collaboration at the university/college level?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(14) What do you want to communicate to OTs at large about your experience in this action research study?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(15) Discuss any perceived power issues you encountered.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
(16) Discuss how these power issues were or were not equalized.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(17) What strategies do you plan to enact for effective collaboration in future intraprofessional dynamics?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(18) How do you plan to address conflict resolution to promote effective intraprofessional teaming?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(19) Do you feel that trust is important in developing effective intraprofessional relationships and why or why not?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(20) What do you feel is the most important skill to promote effective intraprofessional relationships and why?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Likert-Type Rating Scale. Rank your feelings on the following statements based upon the scale provided. Choose only one response for each statement.

1 = Strongly Agree
2 = Agree
3 = No opinion
4 = Disagree
5 = Strongly Disagree

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Intraprofessional collaboration between OTA/OT students has been</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>integrated in my education.</td>
<td></td>
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<tr>
<td>(2) I am nervous about the supervisory process.</td>
<td>1</td>
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<tr>
<td>(3) I feel I have the skills to negotiate conflict in the workplace.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>(4) Trust is an important aspect of sound working relationships.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>(5) I fully understand OT/OTA role delineations.</td>
<td>1</td>
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<td>(6) I feel confident in knowing my state licensure requirements for</td>
<td>1</td>
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<td>supervision and documentation.</td>
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<td>(7) COTAs can serve as administrators and Directors of Rehab.</td>
<td>1</td>
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<tr>
<td>(8) Service competencies are for both OTs and OTAs to do if they are</td>
<td>1</td>
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<td>not proficient in a given technique or area.</td>
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</table>
Survey No.______

Likert-Type Rating Scale. Rank your feelings on the following statements based upon the scale provided. Choose only one response for each statement.

1 = Strongly Agree
2 = Agree
3 = No opinion
4 = Disagree
5 = Strongly Disagree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>(9) Face to face supervision is the best form of supervision.</td>
<td>1</td>
<td>2</td>
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<td>(10) Working with my student counterparts in college before I have to</td>
<td>1</td>
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<td>do it in practice allays some of my anxieties.</td>
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<td>(11) Educational Standards for OTA/OT programs outline very few</td>
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<td>requirements for collaboration.</td>
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<td>(12) I am concerned about the legal and ethical parameters of</td>
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<td>supervision in my future employment.</td>
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<td>(13) Effective collaboration of the OTR/COTA team has a big impact on</td>
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<td>patient outcomes and insurance expenditures.</td>
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<td>(14) It is my responsibility to advocate for effective teaming in</td>
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<tr>
<td>practice.</td>
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<tr>
<td>(15) Research that manifests evidence-based results can proactively</td>
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<tr>
<td>change the face of OT practice and education.</td>
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</tbody>
</table>
Likert-Type Rating Scale. Rank your feelings on the following statements based upon the scale provided. Choose only one response for each statement.

1 = Strongly Agree
2 = Agree
3 = No opinion
4 = Disagree
5 = Strongly Disagree

(16) I am well versed on the definition and facets of effective collaboration.

(17) I feel fully integrated in a community of fellow OTAs/OTs currently.

(18) I am certain where to locate my supervisory and licensure documents.

(19) I am confident in my professional behaviors in handling a tenuous or difficult intraprofessional situation.

(20) By taking an active role in the development of this course, I feel invested in my learning.

(21) I feel this course helped to address the importance of intraprofessional relationships.

(22) I would advocate for this form of course co-construction as an effective way to learn.

(23) I would recommend this course for others to experience.

Thank you very much for participating in this survey!
Additional Comments:

Survey format based off information from:
APPENDIX M

PROGRAM FOR INTRAPROFESSIONAL COLLABORATION CONFERENCE

10:45 Welcome and Introductions
11:00 What Does Each Academic Program Look Like?
11:15 Mixer and Getting to Know You
12:00 Lunch and Collaborative Interfacing
12:30 Personality Typing and Activity
1:15 Topical Sessions (Small Group Format)
   - Collaboration
   - Roles
   - Communication
   - Trust
2:15 Case Studies (Small Groups)
   - School System
   - Long-Term Care
   - Mental Health
3:00 Group Process of the Day
3:30 Critical Incident Questionnaires
APPENDIX N

The Classroom Critical Incident Questionnaire Please take about five minutes to respond to the questions below about this weekend’s class. Don't put your name on the form - your responses are anonymous. If nothing comes to mind for any of the questions just leave the space blank. At the next class we will share the group's responses with all of you. Thanks for taking the time to do this. What you write will help us make the class more responsive to your concerns.

At what moment in class this weekend did you feel most engaged with what was happening?

At what moment in class this weekend were you most distanced from what was happening?

What action that anyone (teacher or student) took this weekend did you find most affirming or helpful?

What action that anyone took this weekend did you find most puzzling or confusing?

What about the class this weekend surprised you the most? (This could be about your own reactions to what went on, something that someone did, or anything else that occurs).

APPENDIX O

Journal Entries

Journal entries are intended to garner additional information from the participants based upon their experiences with the course material, related activities which occur in and outside of the classroom, perceptions of the overall experience, insights, challenges and successes. The journal will be an individual exercise with the only identifier being: OTA Student or OT Student. Each student will receive a journal at the beginning of the semester, will keep it in their possession over the duration of the semester/term, and will turn it in to the primary investigator at the end of the experience. Class time will be afforded for writing in the journal to provide structured scheduling for the activity. Talking points (such as the examples below) may be offered and/or free writing may be encouraged.

Talking points…

- Define in your own words what an effective team is.

- Discuss the notion of collaboration in general and how this applies in the field of occupational therapy.

- Illustrate how you have actively contributed to the collaborative process at this juncture of the course.

- Discuss any anxieties, fears or worries you have about intraprofessional collaboration.

- Give an example of when you felt you were dynamically engaged in your learning and gaining meaningful insights.

- Discuss power issues that you think might exist in the classroom, in the clinic. How do you anticipate navigating these issues?

- Articulate what are you most excited about doing as an assistant/therapist based upon your newly gained knowledge.

- Give your impressions of how collaboration comes into play in the practice setting.

- Provide ten skills which you possess that will contribute to building a “super team” in the work environment.
APPENDIX P

GRANT FUNDING APPLICATION AND APPROVAL

Starter Grant Proposal

Terri Reichley Dennehy, Doctoral Candidate, M. Ed., OTR/L
Lecturer
Occupational Therapy

Project Name: Intraprofessional Collaboration: OT/OTA Academic Innovation

Budget Amount Requested: $1000

Project Summary:

As an educator, I am interested in teaching/learning innovation and with the concept of collaboration to best meet learner needs. As an occupational therapist (OT), I am mandated via licensure laws and the professional code of ethics to supervise and collaborate with occupational therapy assistants (OTA) in the provision of best rehabilitative practice for optimum patient outcomes (AOTA, 2012 & 2010). In academia, guidelines set forth by The Accreditation Council for Occupational Therapy Education articulate over ten standards which specifically address intraprofessional collaboration and supervision (ACOTE, 2012). While educators endeavor to address the idea of intraprofessional relationships by focusing on the development of skills throughout the curriculum, comprehensive literature review has shown a substantial gap or lack of empirical evidence which focuses on how students best learn the specific skill set that will facilitate collaboration in education and ultimately in the work setting. The necessary skills include dynamic communication, understanding of role delineations, conflict resolution, negotiation and cooperation, just to name a few. By doing this research, I endeavor to infuse active, dynamic learning situations to the classroom and to provide experiences which yield empirical data to afford understanding as to how students actually learn to collaborate. These newly acquired skills then will be actualized as OT/OTA student teams demonstrate intraprofessional integration via service-based and real-world learning formats offered in the context of an academic course.

This doctoral research study will be a qualitative, applied action typology and will be conducted at College A in the form of a graduate elective course. This semester-long experimental opportunity will combine convenience samples of our graduate occupational therapy students integrating with assistant students from a geographically close, cooperating institution that offers an Associate of Science degree in occupational therapy. This endeavor is a first of its kind to afford immersive and socially situated opportunities for OT/OTA students to work together toward common goals over a semester/term period of time. My plan is to utilize the findings from this study as a jumping off point for a future of related exploration, both longitudinally and independently speaking. I endeavor to contribute via academic innovations at College A, via collaborative initiatives within and outside of my department, and via professional knowledge building in the fields of occupational therapy and adult education with program development, research, publication and speaking opportunities.
**Project Need and Value:** From an academic standpoint, innovations within the realm of occupational therapy are needed to address the mandated relationships between therapists and assistants to promote skill development which ultimately affects patient outcomes. From a research perspective, this type and topic are relevant to the current health care ethos, as inter- and intraprofessional teaming has generated substantial interest within the conceptual literature (Costa, Molinsky & Sauderwald, 2012). Interestingly, zero empirical studies have been documented in occupational therapy to support how collaboration is learned and applied to practice within academia. Professionally, we are delivering service in an era of insurance cuts and competitive health care markets, hence we need to better equip our students to face the sometimes tenuous intraprofessional dynamics which they will face on a daily basis while trying to quickly and effectively meet rehabilitation outcomes.

The value of this project is three-fold for our graduate students. The action research study, in the form of an elective course offering, affords them first hand immersion in the research process as participants in the dynamics of problem identification, critical thinking and assessment, data collection and interpretation, intervention implementation and problem solution. Secondly, it strengthens their knowledge of occupational therapy role delineations, ethics, communication building, teamwork and conflict resolution. Thirdly, this research endeavor promotes partnering with another college community that offers a therapy assistant degree to learn about collaboration first hand while collaborating! For me, this experience affords the ability to meet and exceed my requirements for doctoral completion, invigorates my educational passion, utilizes my background graduate work and long-standing adjunct experience in teaching and curriculum design, allows for creativity and innovation in the field and in my role as an educator, and addresses a problem in the field of adult education in occupational therapy which warrants exploration.

**Project/ Research Purpose:**

The purpose of this action research study is to develop an innovative college elective with occupational therapy and assistant (OT/OTA) students from different universities which examines skill development related to effective supervisory, collaborative and intraprofessional relationships.

**Research Questions:**

(1) How do OT/OTA students negotiate the sometimes tenuous supervisory and intraprofessional relationships, and what are their perceptions of role delineations, effective teaming and successful collaboration?

(2) How does co-construction of an OTA/OT elective with students from different universities contribute to the promotion of intraprofessional collaborations?

(3) How do the participants/adult learners in this action research study believe that the research process affected their ability to collaborate and develop sound intraprofessional relationships?
In summary, the dissertation will set out to establish how and if OT/OTA students are better equipped to collaborate professionally following immersion in an action research study which promotes collaboration throughout its co-constructed, learning experience.

Aims and Objectives:
(1) I will integrate students from two different university systems to promote learning of intraprofessional collaboration with therapy and assistant students in authentic ways via integration, socialization, cooperation and negotiation.
(2) I endeavor to utilize the principles of action research which include planning, acting, observing and reflecting with the participants/students who will co-construct their learning experience based upon the objectives outlined in the attached syllabus.
(3) I will directly expose students to the research process via immersion, a process pivotal to the rigor of a Master of Science Degree and one that is necessary to professional life in utilizing evidence-based practice to guide and move the profession forward.
(4) I endeavor to find answers to my aforementioned research questions to better understand how adults learn to collaborate, through coding of data and establishing themes for depth of understanding.
(5) I will utilize the theoretical lens of situated learning to frame the course and the study, focusing specifically on the socially situated nature of learning and the community of practice which contributes to understanding within context.

Project Activities:
Learning will occur via experiential, hands-on, socially situated formats. My graduate education in teaching and curriculum design, as well as my current doctoral concentration in Adult Education have equipped me with the sensitivity to focus on the multifaceted ways adults learn, integrating their unique life experience, social and cultural perspectives and knowledge while equalizing power structures for open and dynamic educational exchanges. Discussion and dialogue on various topics such as role delineations in occupational therapy, ethics, and communication formats will occur. Service and real-world learning will be integrated with students participating in outreach and advocacy projects of their choosing. Professionals in the field will be utilized to model effective intraprofessional skill sets and experience. Team building exercises, communication activities, OT/OTA partnering within the context of OT assessment and intervention will be offered. Students will be co-creators of their learning activities, with exploration and innovation encouraged.

People Involved:
I will serve as the primary investigator for the study and course “instructor” for the offering. Approximately 15 master’s level- and 10 assistant level-students will comprise the convenience sample (this is my hope). Faculty from College A’s wellness and communications community will be approached to share their expertise, specific to teaming, effective communication and negotiation. Professionals (therapists and assistants in OT) from the practice community will be approached as potential panelists, speakers, and activity leaders. We may also integrate with the Student Occupational Therapy Associations from our university, as well as from the cooperating institution. These needs will evolve, as is the nature of action research.
Projected Outcomes and Timeline:
Outcomes will include:
(1) assessing the course as a means for learning intraprofessional collaborative processes and integrating formatting in future offerings within our newly evolving curriculum design,
(2) discovering the distinct ways that adults learn to collaborate will be identified and shared within the campus community and the professional community at large via publication and presentation,
(3) serving as a spring board for future longitudinal studies and related research endeavors,
(4) forging sound student and ultimately professional relationships, as well as community partnerships,
(5) satisfying requirements for my doctoral dissertation and qualifying me with my Doctor of Education Degree.

The projected time line is the Fall Semester of 2015, August through December, with data analysis and write-up occurring in the Spring of 2016.

Relationship to Grantee’s Work and Scholarly Goals:
This action research study and course offering will fulfill the data collection portion of my dissertation. I anticipate data analysis throughout the 2015-2016 academic year. I have been training to become a researcher since 2012 and this opportunity will mark the culmination of my learning activities and the beginning of an exciting and invigorating research and teaching life. My goals have included the completion of my doctoral work, as well as contributing to College A’s Occupational Therapy Program via research advising and participation. I also endeavor to continue to publish along this vein, currently having a book chapter in editorial review at the moment. Professional speaking engagements will also be pursued as themes are revealed.

Budget: For Period of August 2015 through September 2016

<table>
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<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Copy budget and binding</td>
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<tr>
<td>Activity budget to support collaboration and outreach</td>
<td>$ 500</td>
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<tr>
<td>Honorarium for guest speakers and activity leaders</td>
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<td>Teaching materials</td>
<td>$ 150</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 1000</strong></td>
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</tbody>
</table>

Budget Justification:
Educational formats and research necessitate copies and eventual dissertation binding which will far exceed the $100 requested. This educational and research endeavor will require travel between the two college/university systems, community outreach, service and collaborative activities, all of which cost money. The nature of the action research format necessitates that the participants co-construct their learning, hence I am unable to currently specify what those activities and projects will be until the course begins and those decisions are jointly made, but expenses will be itemized and accounted for at the conclusion of the work. The Department of Occupational Therapy currently provides honoraria of $50 per individual for guest speakers. The requested funds will cover five outside experts to integrate in the process with the participants at
this rate. Teaching materials such as books, apps, service learning tools and equipment will be needed to support this immersion experience. The cost will far exceed the $150 requested. Again, a detailed expense account will be provided once those decisions are made.

**PDF Funds:** My PDF fund is always maintained at zero dollars as this money is utilized for my doctoral tuition assistance.

Person Requesting Starter Grant:__________________________________________________________

Terri Reichley Dennehy

Department of Occupational Therapy Chair: ____________________________________________

Dr. XXX

**References**


April 21, 2015

Ms. Terri Dennehy  
Lecturer  
Department of Occupational Therapy

Dear Terri,

It is my pleasure to notify you of the positive decision on your application for a Starter Grant. The Professional Development Committee has awarded you $1,000 for the following project:

"Interprofessional Collaboration: OT/OTA Experimental Course (Action Research Study)"

Please note that any changes to the project, other than minor ones, require a written request to the Dean of Faculty and pre-approval. Projects should be completed by June 30, 2017. Within six months of the project’s completion, you are responsible for submitting a report of 2-5 pages, in which you review the accomplishments of the project and the money spent. Copies of any conference papers, publications or relevant documents should be attached to the report. Refer to the [redacted] College “Faculty Grants and Incentive Program” document for other relevant guidelines.

Enclosed is a copy of the form to be used when you request reimbursement. If you use a P-card to pay for expenses, you may use the same form. Attach receipts to the form in either case.

Best regards,
APPENDIX Q

DREAM CLINIC PARAMETERS
Assignment between Colleges A and D

Clinic Type:__________________________________________________

College A Student:_____________________________________________

College D Student:_____________________________________________

Clinic Name:__________________________________________________

(Unique and Meaningful Name of OT Practice)

• Mission statement of practice

• Detailed description and layout of practice environment

• Program needs: Equipment and supplies

• Safety concerns:

• Marketing materials: Must do a flyer, website, and/or brochure

• Describe the role of the OTA/OT in the practice environment

• Identify at least 3 other professionals that may work in practice and their roles

• 12 meaningful activities with which clients will engage

• Check with College D students if they also need to write goals?
APPENDIX R

Research Findings: Themes and Subthemes

I. Typical Approaches to OT/OTA Learning: Pre-Research Emersion
   A. Traditional Higher Education Acumen
   B. Constructivist Versus Traditional Acumen
   C. Intraprofessional Learning

II. Atypical Approaches to OT/OTA Learning: Learner-Centered Construction of Research Elective
   A. Learner-Assisted Construction of Course Content
   B. Learner-Constructed Assessment and Grading
   C. Processing and Reflection

III. Intraprofessional Collaboration: Attributes
   A. Communication
      1. Importance of communication
      2. Skills of effective communication
   B. Character Traits
      1. Trust/honesty
      2. Respect
      3. Kindness
   C. Value-Laden Behaviors
      1. Empathy
      2. Diversity as Strength

IV. Rome Wasn’t Built in a Day: Neither Are Relationships
   A. Connection Among OT/OTA Students
   B. Engaging in a Community of Practice

V. The Me and the We: Intraprofessional Integration
   A. ME: Self-Awareness and The Impact on Others
   B. WE: Teaming in Light of Roles and Supervision

VI. It’s Not All Rainbows and Unicorns: Challenges
   A. Assumptions and Fears Surrounding Power in a Leveled System
   B. Challenges of Integration
      1. Institutional Regulations
      2. Logistical Considerations
      3. Financial Considerations and Expenditures
CURRICULUM VITAE

Terri Reichley Dennehy

Formal Education
2017 D.Ed., The Pennsylvania State University, Adult Education
2004, M.Ed., The Pennsylvania State University, Teaching and Curriculum
1992, B.S., College Misericordia, Occupational Therapy
1985, A.S., Mount Aloysius College, Occupational Therapy Assisting

Teaching Experience
2013 to present  Occupational Therapy Lecturer, Elizabethtown College
2012  Adjunct Occupational Therapy Faculty, Penn State University Berks
1995 – 2012  Adjunct Occupational Therapy Faculty (sporadic assignments)

Professional Experience
1992 to present  Registered/Licensed Occupational Therapist: Specialization in Adult Neurology, Education and Low Vision; worked at a variety of regional trauma centers, rehabilitation clinics, community-based health care, home health and long-term care facilities

1985 to 1991  Certified Occupational Therapy Assistant: Regional Trauma Center practice, rehabilitation, and program development in Low Vision Rehabilitation

Publication  Currently AOTA press project in development