Differences between OT and OTA Student Perception of Professional Responsibilities, Collaboration, and Roles: A Pilot Study

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BACKGROUND

Occupational Therapists (OT) and Occupational Therapy Assistants (OTA) are expected to collaborate and work together effectively as practitioners. OT and OTA professionals need to have a clear understanding of job expectations and role delineations. Research shows that intraprofessional relationships between OT and OTA can result in positive teamwork and achievement of client-centered objectives (Johnston, Ruppert & Peloquin, 2013). Collaboration between both professional roles is encouraged through effective communication, shared learning, trust, and respect. Generating opportunities for students to collaborate during their fieldwork experiences increases their skills to collaborate as future practitioners (Costa, Molinsky, & Sauerwald, 2012). To evaluate the development of the intra-professional relationship, an understanding of how the OT-OTA partnership is perceived by students during the education process is warranted.

PURPOSE

Understand student perception of the intraprofessional relationship and the development of the OT and OTA partnership. Outcomes of the study could help to inform OT-OTA education that prepares students for collaborative practice.

- **Research Question:** What are the differences between OT and OTA students' perceptions of the development of professional responsibilities, collaboration, and roles?
- **Hypothesis:** There are differences between OT and OTA students' perceptions of the development of professional responsibilities, collaboration, and roles.

STUDY DESIGN

A survey was developed and used to examine the differences between OT and OTA student perceptions of professional responsibilities, collaboration, and roles. Participants completed an online survey using SurveyMonkey®.

SURVEY DESCRIPTION

The survey questions were developed from the standards directed by AOTA (2014). Survey questions related to role delineations and responsibilities between OT and OTA in the work setting. Survey included 55 questions. Questions were divided into categories about referral/ screening, evaluation, treatment planning and intervention, reassessments, communication, discharge planning and termination, documentation, quality improvement, supervision and departmental administration. Participants were asked to identify whether they perceived OT, OTA, or both practitioners were responsible for the role/function. Three ranking questions regarding important responsibilities and qualities of intra-professional behavior were included. Open-ended questions regarding professional practice and ideas that could support academic development and understanding of the intraprofessional relationship were included. Questions were randomized to eliminate categorical bias.

STUDY PROCEDURES

- **Survey distribution:** Programs directors of four accredited OT and OTA programs in the southwest received an email with instructions and a link to the online survey to send out to their students.
- **Survey analysis methods:** Descriptive statistics and per group analysis using cross-tabulations/ chi-square to examine relationships between specific components of the survey.

PARTICIPANTS

Inclusion Criteria: Students, 18 years of age or older, currently enrolled full time in an accredited Occupational Therapy (OT) or Occupational Therapy Assistant (OTA) program.

Participant Demographics:

- Participants from A.T. Still University, Midwestern University, Brown Mackie College of Phoenix/Tucson, and PIMA Medical Institute of Phoenix/Tucson: *N* = 60
- OT students (n = 39) and OTA students (n = 21).
- Age range:18 to 25 years (n=24), 26 to 30 years (n=19), 31 to 39 years (n=11), 40+ years (n=9).
- Number of fieldwork experiences completed: N=64, no fieldwork experience (n=16), completed level I fieldwork (n=36), completed level II fieldwork (n= 7).

RESULTS

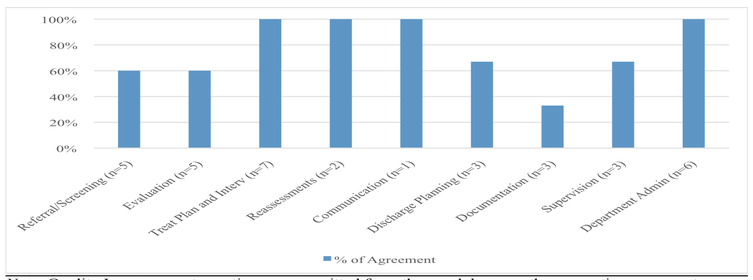
Percent agreement of participants

- 26 out of 41 questions were over 75% of agreement between OT and OTA students
- 38 out of 41 questions were over 50% of agreement between OT and OTA students
- 3 out of 41 questions were less than 50% agreement between OT and OTA students

Charts of agreement with AOTA standards

Figure 1

OT/OTA Students percentage agreement with AOTA standards.



Note: Quality Improvement questions were omitted from the graph because these questions were not developed from AOTA standards (2014). The number of questions within each section is shown by n (i.e. n=5).

Ranking Questions:

Table 3

Responsibilities for an OTR as perceived by OT and OTA Students

Responsibilities	Student OT (n=41)	Student OTA (n=21)
Determine needs for intervention	**90.2%**	**100%**
Design quality intervention programs	**92.7%**	**90.5%**
Implement intervention programs	36.6%	42.9%
Document intervention effectiveness	**56.1%**	28.6%
Manage delivery of OT services	**70.7%**	**90.5%**

Note. Top four responsibilities selected by OT and OTA students are in boldface.

Table 4

Responsibilities for an OTA as perceived by OT and OTA Students

Responsibilities	Student OT (n=41)	Student OTA (n=21)
Determine needs for intervention	12.2%	28.6%
Design quality intervention programs	66.7%	**76.2%**
Implement intervention programs	**95.1%**	**100%**
Document intervention effectiveness	**90.2%**	**100%**
Manage delivery of OT services	**65.9%**	**57.1%**
Advance effectiveness of OT profession	**75.6%**	**57.1%**

Note. Top four responsibilities selected by OT and OTA students are in boldface.

Ranking Questions (CONTINUED): Qualities for a successful OT and OTA relationship as perceived by OT/OTA students: mutual respect, effective communication, competence in OT, and feedback exchange. Discrepancy regarding perception of professional behavior: 52.4% of OTA students and 29.3% of OT students perceive professional behavior as important

Open-Ended Questions: Respondents (n=12). Main themes included: increased opportunity for case study application, video conferencing, additional activities to learn about the roles and responsibilities, and increased instruction about methods of collaboration.

CONCLUSIONS

AOTA Standards

- **Areas of Agreement:** Greater than 50% agreement with AOTA standards (AOTA, 2014) in the following sections: referral/screening, evaluation, treatment planning and intervention, reassessments, communication, discharge planning, quality improvement, supervision, and department administration.
- **Area of Disagreement**: Regarding documentation, less than 50% of participants' beliefs were in accordance with AOTA (2014) for the section.

Student Outcomes

- **Areas of Agreement:** Greater than 50% agreement between OT/OTA students in the following sections: referral/screening, evaluation, treatment planning and intervention, reassessments, communication, discharge planning, quality improvement, supervision, and department administration.
- **Areas of Disagreement**: Less than 50% agreement between OT/OTA students, for the questions, informally screens individuals (referral/screening), administers standardized assessments (evaluation), and develops appropriate home and community program (discharge planning and termination).

RECOMMENDATION FOR PROFESSIONAL DEVELOPMENT & EDUCATIONAL APPLICATIONS

- Collaborative case studies and videos of OT and OTA's working together in clinical settings
- In-service training and meetings to address professional roles, responsibilities, and collaboration between OT and OTA during educational process.

LIMITATIONS

- Low numbers of respondents, more OT respondents than OTA, small sample size, and limited geographical areas for collection of survey responses.
- Wording of questions about assessment and documentation had potential to be misunderstood and could have led to skewing of responses.

RECOMMENDATIONS FOR FUTURE RESEARCH

- Increase survey participation; Survey additional OT/OTA programs
- Develop a more condensed concise survey
- Pre and Post survey at the beginning and end of educational program

REFERENCES

American Occupational Therapy Association (2007a). Accreditation Standards for a Master's-Degree-Level Educational Program for the Occupational Therapist. *American Journal of Occupational Therapy, 61*(6), 652-661.
American Occupational Therapy Association (2007b). Accreditation Standards for an Educational Program for the Occupational Therapy Assistant. *American Journal of Occupational Therapy, 61*(6), 662-671.
American Occupational Therapy Association. (2009). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy, 63*, 173 – 179. Retrieved from: http://www.aota.org//media/Corporate/Files/Practice/OTAs/Supervision/Guidelines%20for%20Supervision%20Roles%20and%20Responsibilities.pdf
Costa, D., Molinsky, R., & Sauerwald, C. (2012). Collaborative intraprofessional education with occupational therapy and occupational therapy assistant students. *OT Practice, 17*(21), CE-1-8. http://p.atsu.edu/login?url=http://search.ebscohost.com.p.atsu.edu/login.aspx.
Johnston, S., Ruppert, T., & Peloquin, M. (2013). Collaborative intervention planning: An OT-OTA learning experience. *American Occupational Therapy Association, 23* (1) 1-4.
Jelley, W., Larocque, N., & Borghese, M. (2013). Perceptions on the essential competencies for intraprofessional practice. *Physiotherapy Canada, 65*(2), 148-151. doi: 10.3138/ptc.201202

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