Collaborative Intraprofessional Education With Occupational Therapy and Occupational Therapy Assistant Students

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ABSTRACT
Graduates of occupational therapy and occupational therapy assistant programs are expected to work collaboratively as practitioners. Preparing competent practitioners is the goal and outcome of all professional programs. Developing opportunities for students to work together during their fieldwork experience enhances their skills for that collaboration in their future as practitioners. Academic and fieldwork (clinical) educators are encouraged to create opportunities for occupational therapy and occupational therapy assistant students to learn together, both in the classroom and during fieldwork experiences.

LEARNING OBJECTIVES
1. Recognize the main components of the collaborative learning model.
2. Identify a supervision strategy with multiple fieldwork students from different levels and schools.
3. Identify learning experiences for occupational therapy and occupational therapy assistant students that lead to increased collaboration.

INTRODUCTION
It is important to start with some common definitions currently used in academic and fieldwork education. A term that needs definition is intraprofessional education, which is defined as "an educational activity that occurs between two or more professionals within the same discipline, with a focus on the participants to work together, act jointly, and cooperate" (Jung, Solomon, & Martin, 2010, p. 236). This concept has received considerable attention in the fields of nursing, physical therapy, and occupational therapy, in which there is more than one professional level. In nursing, there is the licensed practical nurse and registered nurse; in physical therapy, there is the physical therapist (PT) and physical therapy assistant (PTA); and in occupational therapy, there is the occupational therapist (OT) and occupational therapy assistant (OTA). In intraprofessional education, students and practitioners within the same profession are engaged in learning together and subsequently collaborating in the workplace.

The second concept that warrants defining is the collaborative learning model, a method used in both interprofessional and intraprofessional education. "Collaborative learning refers to pairs or small groups engaging in reciprocal learning experiences whereby knowledge and ideas are exchanged" (Rozsa & Lincoln, 2005, p. 229).

The collaborative learning model is based on work by Russian educational psychologist Lev Vygotsky (Costa, 2007). He theorized that learning has a social component and that people learn best through interaction. The collaborative learning model, which is an expansion of constructivist learning theory, is the opposite of the traditional 1:1 model, in which the fieldwork educator is the expert. Instead, students help each other learn, and the educator guides the learning process.

Collaborative learning is based on four principles:
1. Knowledge is constructed, discovered, transformed, and extended by the students. The educator creates a setting where students, when given a subject, can explore, question, research, interpret, and solidify the knowledge they feel is important.
2. Students actively construct their own knowledge. Students guided by the instructor actively seek out knowledge.
3. Education is a personal transaction among students and between educators as they work together.
4. All of the above can only take place within a cooperative context. There is no competition among students to strive to be better than the other. Students take responsibility for each other’s learning. (Cohn, Dooley, & Simmons, 2001, p. 71)

BACKGROUND LITERATURE
Thomas Dillon (2001), in interviewing OT/OTA teams in Pennsylvania, Ohio, and West Virginia, found that “both OTRs and COTAs expressed that effective intraprofessional relationships enhance the quality of OT services provided, and strengthen their desire to practice in the field” (Dillon, 2001, p. 1). Dillon stated that the essence of the relationship between OTs and OTAs cannot be learned by reading articles on professional role delineation and supervisory guidelines. Supervision

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of an OTA by an OT is an ongoing process that should mutually enhance the professional growth of each individual; both parties have their own set of responsibilities. Themes that emerged in this study included the necessity of effective two-way communication, the need for mutual respect, and the importance of professionalism.

Carol Scheerer (2001) described a partnering model used in Ohio between an OT and OTA program in the classroom. "Partnering between the OT/OTA team needs to become a habit so that future practitioners can use it as part of their daily occupation. To develop this partnership, practice needs to be embedded in the educational curriculum of future occupational therapy practitioners." Scheerer paired students from OT and OTA programs in a series of classroom learning activities. The first sessions involved learning about each other's curriculum and role delineation, and then the pairs applied the American Occupational Therapy Association's (AOTA) Standards of Practice for Occupational Therapy (AOTA, 2010c) to a hypothetical case. The second set of sessions focused on working on cases in OT/OTA pairs, then using a Scaregories game format to identify one-word descriptors of an "ideal" OT/OTA relationship. In the third and final set of sessions, OT and OTA students were assigned to work as teams to complete joint assignments related to a group process course. Later, they worked as collaborative research teams, with the OTA students serving as research assistants to the OT students. All students reported benefitting from the hands-on learning. "Practicing interaction, teamwork, and collaboration as students should provide a lifetime habit of partnering as practitioners" (Scheerer, 2001, p. 204).

Jung, Salvatori, and Martin (2008) described a fieldwork study in which seven pairs of OT and OTA students in Canada were jointly assigned to fieldwork placements. "Student participants all agreed that working together in a clinical setting not only enhanced their understanding of each other's roles, including similarities and differences, but also fostered the development of competence and confidence in one's own skills and abilities as well as one's partner" (Jung et al., 2008, p. 48). They further wrote, "pairing OT and OTA students in collaborative fieldwork placements...has not been common practice. Nevertheless, there is increasing evidence that such collaborative learning experiences can generate positive learning outcomes that include learning about the roles of OTs and OTAs, emulating real world practice by pairing student OTs and student OTAs to provide client care, and expanding opportunities for collaboration and teamwork" (Jung et al., 2008, p. 43). The students in this study reported that they learned the importance of developing a working relationship through shared learning, effective communication, and mutual trust and respect. "Through understanding each other's roles and effective communication, there emerged a sense of teamwork and genuine interest in collaborating on a comprehensive client plan that ultimately complemented the delivery of occupational therapy services" (Jung et al., 2008, p. 46).

Another study from Canada by Jung, Sainsbury, Gurnn, Wilkins, and Tryssenar (2002) reported on a joint clinical learning experience between OT and OTA students. "The strength of this collaborative model included allowing students to learn about the roles of OTs and OTAs, emulating real world practice by pairing the student OTs and student OTAs to work together to provide client care" (Jung et al., 2002, p. 96). "The importance of collaborative learning, which included ideas about partnership and teamwork, was evident. Learning together led to feelings of respect and trust about the different knowledge and skills each brought to the client as well as the different responsibilities each had in the care of the client" (Jung et al., 2002, p. 99).

Higgins (1998) described her experience with supervising OT and OTA students in Massachusetts. "Although collaboration among practitioners is an everyday occurrence, collaboration among students is not. The OT/OTA collaborative model of student education provides opportunities that parallel those in the working environment while promoting positive fieldwork experiences, enhanced clinical reasoning development, and continued personal and professional educational opportunities" (Higgins, 1998, p. 41).

The physical therapy literature yields articles focusing on intraprofessional education between PT and PTA students. Matthews, Smith, Hussey, and Flack (2010) reported on a 4-week joint placement between PTs and PTAs in North Carolina and South Carolina that employed a 2:1 supervision model. The placements were designed to provide an authentic experience that enhanced the students' knowledge of, skills for, and attitudes about working together. Students kept reflective journals, and 14 jurors reviewed these for themes. The researchers noted ongoing "misperceptions regarding the roles among both PTs and PTAs that may have impeded a preferred PT–PTA relationship" (p. 50). The authors concluded with recommendations: Establish clear expectations of collaboration, not competition; provide structured feedback; develop clear learning contracts; clarify individual student roles; establish ground rules to facilitate collaborative learning; and pair students in the later phases of their educational preparation so that PT students will feel better prepared to delegate patient care to the PTA.

In the same article, the authors cited Robinson, McCall, and DePalma (1995), who reported that more than 50% of PTs surveyed in 1992 said they received no information during their professional education on the role of the PTA. Subsequently, other studies done in the 1990s indicated that both PTs and PTAs had erroneous perceptions of their respective roles (Robinson et al., 1994; Robinson et al., 1995). PTs were noted to be either overly restrictive or permissive in working with PTAs. Similarly, PTAs also varied between being overly restrictive or permissive when interpreting their job roles.
and responsibilities. "To facilitate effective teamwork of PT and PTA practitioners, it may be helpful to not only educate students about the legal and education requirements of each role, but also to provide them with the skills, attitudes, and abilities needed to effectively communicate and interact with each other in clinical practice. Designing an educational experience that pairs PT and PTA students in clinical studies in the clinical setting may provide the authentic experience needed to enhance their knowledge, skills, and attitudes" (Matthews et al., 2010, p. 51).

Jelley, Larocque, and Patterson (2010) reported on a pilot study in Canada that paired PT and PTA students on a 5-week placement:

Unfortunately, PT and PTA students get little or no experience in working together as a team during their education, despite the fact that in the workforce, PTs and PTA are expected to practice collaboratively. It should also be noted that a lack of familiarity with scope of practice and significantly reduces the ability to work collaboratively. ... An unexpected benefit reported by participants was the value of learning through the interview process and by writing in journals. This finding is consistent with those of past research, since the reflective journals kept by participants were deemed useful both by participants and researchers in understanding the shared placement experience. A teacher cannot do the learning for a student but can only support and encourage a learner. (p. 76)

The Commission on Accreditation in Physical Therapy Education (CAPTE) reviewed 10 self-study reports from physical therapy programs and found that not all of them were providing learning experiences that adequately address direction and supervision of PTA or the role of the PTA in clinical care. Similarly, 10 self-study reports from PTA programs found that there were instances in which learning experiences went beyond the accepted role of the PTA, exceeding the foundation upon which PTA education is based. The CAPTE developed a revised position paper in response to these findings—The Evaluative Criteria That Address the Relationship Between Physical Therapists and Physical Therapist Assistants. This document states that:

PT education programs will be cited for conditional or noncompliance when there are not didactic and clinical learning experiences that lead to the ability to (1) direct and supervise the PTA in the application of appropriate interventions, or (2) recognize those elements of the clinical care process that may not be directed to the PTA. PTA education programs will be cited for conditional or noncompliance when didactic or clinical experiences or assessments go beyond the direction and supervision of a PT. (CAPTE, 2005, p. 13)

The Mayo Clinic in Rochester, Minnesota, extensively uses the collaborative model of clinical education, which it has named the Mayo Collaborative Model of Clinical Education; this model has been used by OTs and PTs since 1930. Rindflesch et al. (2009) reported that:

The collaborative model does not merely mean that there is more than one student supervised by each clinical instructor. In this model, students collaborate with each other, share learning experiences, adopt the role of teacher in addition to the student role, and take on some of the responsibility for their legal and ethical supervision. (p. 133)

Students at the Mayo Clinic are asked to teach their peers about patients and conditions they have encountered and must use evidence-based practice. When students graduated from their respective programs, they will not likely have a 1:1 mentor. "The collaborative model encourages students to develop helpful habits that emulate what it will be like for them when they become licensed" (Rindflesch et al., p. 136).

ACADEMIC CURRICULA

There are many sources of information within the profession of occupational therapy that contribute to our understanding of the intended relationship between OTs and OTAs. Higgins (1998) cited the need for students to have knowledge of the official documents of the professional association for a collaborative model of fieldwork to be successful. These documents must be included within any curriculum for occupational therapy practitioners. Current official documents of AOTA include, among others, the Scope of Practice for OTs and OTAs (AOTA, 2010b). This official document provides definitions of supervision and descriptions of the cooperative nature of the OT/OTA relationship, the outcome of which is to benefit the client by providing effective services. The Accreditation Council for Occupational Therapy Education (ACOTE®) sets standards for the education of all OT and OTA students, and those standards further describe the relationship between those sets of practitioners (ACOTE, 2007a, 2007b, 2007c). In addition to the guidance provided by AOTA and ACOTE, individual states may have regulations in their licensing statute documents that further mandate the supervisory relationship between OTs and OTAs.

ACOTE standards due to take effect in July 2013 state in the preamble that occupational therapy practitioners "be prepared to effectively communicate and work interprofessionally with those who provide care for individuals and/or populations in order to clarify each member's responsibility in executing components of an intervention plan and to understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process" (ACOTE, 2012). All students who aspire to be occupational therapy practitioners are also schooled in professional ethics, values, and responsibilities, which apply not only to client care but also to interactions among occupational therapy practitioners and other professionals (ACOTE, 2007a, 2007b, 2007c). The "commitment [to act ethically] extends beyond
service recipients to include professional colleagues, students, educators, businesses, and the community" (AOTA, 2010a, p. S17) and therefore compels us to work intraprofessionally in a way that upholds those ethical standards.

Arguably, the most informative document for understanding the delineation of duties between OTs and OTAs is the Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services (AOTA, 2009). This document provides statements on supervision and outlines general principles involved in the supervisory relationship both inside and outside of the provision of occupational therapy services. In addition, the document contains statements about the roles and responsibilities of OTs and OTAs during the process of occupational therapy. For both sets of students, and for practitioners who are in settings where occupational therapy clinicians include both OTs and OTAs, this document can assist in understanding role delineation.

An important concept contained in all documents is that of the supervisory relationship. In Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services, supervision is defined as “a cooperative process...based on mutual understanding” that “promotes effective utilization of resources” and that is “aimed at the safe and effective delivery of occupational therapy services” (AOTA, 2009, p. 797). It is also defined as “a joint effort” that must include “mutual understanding between the supervisor and the supervisee about each other’s competence, experience, education, and credentials” and that encompasses “professional competence and development” (AOTA, 2009, p. 797). Scope of Practice further emphasizes the cooperative nature of the OT/OTA relationship in its inclusive use of the term occupational therapy practitioner (AOTA, 2010b) for both OTs and OTAs. ACOTE Standard B.4.4 for OTA education states that in addition to being able to “articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process,” the OTA student must understand “the rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process” (ACOTE 2007c, p. 667). The doctoral and master's level OT students must learn to “explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant” (ACOTE 2007a, p. 649; 2007b, p. 660). All students in the states in which they will practice must learn the regulations that govern the supervisory relationship between them.

These documents are often provided as part of coursework in professional issues or health administration services and professional development, or a course with similar content, and may in fact be explored in more than one course within the curriculum. Because OTA education is most often found at the community college level and OT education is most often found at the university level, most programs would need to plan intraprofessional activities between institutions, or between OT and OTA programs in the same institution, to allow students to practice skills related to the supervisory relationship during their academic coursework. It is common for academic programs to offer lectures regarding role delineation and supervision, or to plan guest speakers and panels to address the topic.

In an already crowded curriculum with different class schedules, programs may find it difficult to realize plans to connect OT and OTA students, and often the first intraprofessional or interprofessional interaction students have is during fieldwork. When there is an opportunity for students to interact in a classroom, it is often for 1 day, and learning activities may include case-based assignments that include opportunities to practice roles.

FIELDWORK EDUCATION

In the field of occupational therapy, most of the literature on the collaborative model has focused on its application to fieldwork education. In fieldwork education, collaboration can occur:

- Between pairs or groups of students (peers)
- Between two or more fieldwork educators (same profession)
- Between clinical educators and/or students from different disciplines
- Between all stakeholders in the clinical education process

In the collaborative fieldwork model, the student relies less on the fieldwork educator's expert knowledge to learn skills, with a trend to move away from received or passive knowledge to more process-oriented or active knowledge creation. As an added benefit, the latter process prepares future practitioners for lifelong learning. Responsibility is shifted to the learners to solve the problems they encounter in clinical practice. "Collaborative learning calls on levels of ingenuity and inventiveness that many students never knew they had. And it teaches interdependence in an increasingly collaborative world that requires greater flexibility and adaptability to change than ever before" (Bruffee, cited in Cohn et al., 2001, p. 74).

Research has shown that if educators carefully structure collaborative learning, students will achieve at a higher level, apply clinical reasoning more frequently, and be more intrinsically motivated (Johnson & Johnson, cited in Cohn et al., 2001, p. 74).

An understanding of standards for occupational therapy fieldwork education and supervision is necessary for students and fieldwork educators alike. Current ACOTE standards for supervising OT and OTA students are identical. Standard B.10.12 states that Level I OT and OTA students may receive
supervision from currently licensed or credentialed OTs and OTAs. For Level II fieldwork, supervision requirements differ. OTs may receive supervision from a qualified OT, and OTAs can be supervised by a qualified OT or OTA. Certainly, different states may have more strict regulations that supersede those guidelines. The fieldwork performance evaluation for OT and OTA students in Level II placements contains items describing the competencies needed for each to demonstrate a satisfactory performance in understanding the supervisory relationship.

In many fieldwork settings, OT students do not have opportunities to observe or work with OTAs and must imagine that interaction through academic exercises such as writing a sample state regulation governing that relationship, or composing an essay exploring the legal and interpersonal aspects of OT/OTA relationships. Anecdotal information suggests that many OT fieldwork educators have not had the experience of working with OTAs themselves and may have difficulty helping fieldwork students understand the professional, interpersonal, and legal requirements of the OT/OTA relationship. Often they do not have a practical understanding of role delineation and may need assistance from academic programs to review and understand how OTAs may contribute to client care. It is incumbent on OTA academic programs, in that case, to interact with fieldwork sites so that OTA students can receive appropriate supervision and practice the interactions necessary to benefit clients.

The Philadelphia Region Fieldwork Consortium (PRFC) is currently managing challenges related to density of academic programs within a relatively small geographic area. In the Philadelphia and southern New Jersey region, there are six entry-level OT programs. There are two newer OTA programs, with another in development. There are two OTD programs and a new entry-level OTD program, with another in development. In addition, there are established programs within hours of Philadelphia in every direction that seek fieldwork sites in and around the Philadelphia region, and demand for placements is intense. Academic fieldwork coordinators for the OTA programs have been challenged to develop traditional and nontraditional sites that will accept students, which requires educating fieldwork educators on basic requirements for OTA students for fieldwork, on role delineation, and on state regulations that bear on supervision. This information has been provided in one-on-one meetings, through electronic communication, and through formalized meetings. In addition, because increased numbers of OT students in the region demand increased numbers of placements, the PRFC has already provided an introduction to an intraprofessional collaborative supervision model to fieldwork educators who attended the organization's annual Clinical Council Day in March 2012 in an effort to introduce fieldwork educators to this model (Costa, 2012).

A proposal to coordinate placements so that OT and OTA students might be assigned deliberately to specific and willing sites across programs encountered barriers that included non-uniform fieldwork dates and insufficient preparation of sites for a collaborative intraprofessional fieldwork experience. Therefore, the PRFC is exploring more limited options between programs in the same institution or between programs that may have similar fieldwork dates. The PRFC appears to be positioned ideally to explore the use of a collaborative model of intraprofessional fieldwork.

An analysis by Rodger et al. (2008) of the changing environment of health care provision identified some key themes of change that may affect fieldwork education, including fiscal restraints, new models of care, reduced staffing, and increased productivity expectations. In addition, they found that clinical educators report having decreased time for direct patient care due to increased documentation requirements and ongoing staffing challenges. These may be some of the factors that decrease the availability of fieldwork placements.

Curtin University in Perth, Australia, established a program of partnership with stakeholders that included a complete overhaul of their fieldwork sequence to meet the demands of placing their students (Rosenwax, Gribble, & Margaria, 2010). In addition, Touro College's Occupational Therapy Program developed student clinic placement with faculty on release time as a supervisor for both OT and OTA students. Although these may seem extremely ambitious, every accredited program can understand the pressures for student placement that would lead to such a drastic response.

Intraprofessional fieldwork options require managing logistics and continually evaluating the current team of students' clinical skills, knowledge set, and interpersonal skills—in addition to providing traditional supervision of each student's developing competence as an entry-level clinician. The pros-
pect might be somewhat daunting; however, the pressure to find and secure quality sites to place students is sufficiently overwhelming to justify the effort. Preparing students for collaborative learning on fieldwork involves recognizing that students have been socialized in the classroom to compete more than cooperate, and moving away from the model where professors are the authority in the classroom. To understand how the expectations are different in this model, students can read articles and participate in meetings and seminars. The fieldwork educator will have to take a step back and facilitate more than teach.

Strategies that can be used to prepare students can include planning start and end dates to accommodate for differences in length of fieldwork placements, with OTA students starting later; assigning reading about the collaborative model; holding group supervision session at least weekly; setting clear expectations for all that will be required on fieldwork, including job delineation; holding joint treatment/co-treatment sessions; assigning cases jointly, with expectations for mutual problem solving; structuring entire fieldwork placements in advance, so that educators don’t “wing it”; and assigning group projects and final projects to teams.

There are a number of examples of intraprofessional clinical education currently in practice. An in-depth interview by the authors with two skilled clinicians currently running intraprofessional fieldwork supervision models indicated that the challenges are manageable. The one thing both clinicians share is a passion for what motivates them.

Sean Getty, MS, OTR/L, rehab director at Roads to Recovery and assistant clinical professor at Stony Brook University, is passionate about supervision being a critical competency requirement for occupational therapy practitioners (personal communication, July 13, 2012). He feels that without modeling the process and practice during fieldwork, few occupational therapy clinicians develop quality supervision skills to meet the learning needs of students. In addition, occupational therapy assistants need to develop the ability to participate in the supervisory experience in a way that enhances clinical competence, Getty says. Again, without actively learning this skill on a fieldwork placement, it is difficult to really use supervision effectively.

Melanie Austin, MPA, OTR/L, clinician at Henry Street Settlement Community Consultation Center and assistant professor at New York Institute of Technology (NYIT), is passionate about mental health practice (personal communication, July 11, 2012). According to Austin, occupational therapy practitioners at every level of practice need to be clear what they are offering clients, to “grasp hold of the core of OT” so that the value of occupation-based treatment is clear to themselves, their clients, and the clinics that offer mental health care. There are other professionals addressing a range of client needs, so without passion for who we are as a profession and what each offers as a practitioner, the value of occupational therapy to day treatment centers such as Henry Street is unclear. Austin’s passion for her area of practice has led her to develop a system of intraprofessional supervision to increase in the number of occupational therapy clinicians who are passionate about evidence-based quality care in the mental health practice arena.

Austin requires two students to co-run groups at Henry Street. This may be two OT students, or one OT and one OTA student. Austin takes OT students from NYIT and Touro College, and OTA students from Touro College. There is some challenge related to the different requirements—whereas the OT students complete 12-week rotations, the OTA students generally complete 8 weeks at the site.

In contrast, Getty takes students from many schools. With a constant flow of incoming and outgoing students, he reports that the challenge is balancing the education students receive from different programs. Programs emphasize different theories and focus on different aspects of the professions domain, impacting clinical style and readiness. In addition, students at Roads to Recovery are working with and receiving supervision from a multidisciplinary team in addition to the two levels of occupational therapy practice.

Whenever a diverse group works together, there are inevitably conflicts. Resolving them professionally in a way that meets client needs is a vital clinical skill, Getty and Austin note. They both feel that the intraprofessional and interprofessional interactions required at their site offer students unique opportunities to learn how to interact appropriately, professionally, and effectively with clients and coworkers. All practitioners, whatever their level of practice, work with others. Getting along in a way that is professional and effective for client care is best developed on fieldwork so that it becomes an integral part of the students’ developing professional persona.

Both Getty and Austin report that the difference between OT and OTA levels of practice is clear in the clinic. Getty has a clearly defined process of mentoring OT students to develop supervisory skills and for OTA students to become active participants in the process. Austin generally provides group and individual supervision to the students at her site. Austin reports that the OTA students are weaker in evidence-based practice in comparison with OT students, but are strongest in their eagerness to engage. Getty reports that the OT students are best at understanding concepts and theory, whereas the OTA students tend to be effectively creative in their treatment application. Both Getty and Austin are working at sites that are committed to enabling community integration. The groups run at both sites are core to occupational therapy values, history, and philosophy. These include a range of activities of daily living, from grooming to banking. They both believe that by taking students at both levels of practice, they are enhancing the profession as a whole and within every area of practice.
Both Getty and Austin understand the importance of role delineation between practice levels, and both are clear about the strengths each level offers to the clinic. It is likely this value of both levels of practice that enable their respective programs to be effective. Each manages the process distinctly differently, with different clinic management styles and different student management methods. However, they both have passion for enhancing the profession, which was evident throughout the interviews.

CONCLUSION
Creating learning opportunities that enhance lifelong learning and clinical competency is a vital component of every professional program. Within occupational therapy, the multiple levels of entry-level practice provide a unique opportunity to promote access to quality care with a focus on occupation and living life to its fullest. The support for collaborative fieldwork education is found in the literature, in the success of intraprofessional student supervision models, and in the pragmatics of fieldwork placements for educational programs. It is necessary to recognize the components of a collaborative learning model in order to implement supervision strategies that encourage intraprofessional collaboration and communication skills. Learning experiences for OT and OTA students while at a clinical placements will lead to increased collaboration in practice.

REFERENCES


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