

Intraprofessional Collaboration Survey

Modified Collaborative Behavior Scale- to be completed by all students at the end of the workshop.

During the workshop, to what degree were the following statements true?

Please use this scale:

1=rarely; 2= sometimes; 3=often; 4= nearly always

| Circle one: OTA OT | 1 Rarely | 2 Sometimes | 3 Often | 4 Nearly Always |
|--|-------------|----------------|------------|-----------------------|
| School: | | | | |
| We felt free to share ideas with one another. | | | | |
| We trusted each other. | | | | |
| There was sharing of expertise and talents between us. | | | | |
| We worked as "equals" or "partners" for the accomplishment of goals. | | | | |
| My opinions were listened to. | | | | |
| I felt that my input was truly valued. | | | | |
| There was a feeling of mutual regard and respect. | | | | |
| We recognized our interdependence with one another in order to meet our goals. | | | | |

Intraprofessional Collaboration Survey

Please answer the following questions by filling in the circle that most accurately reflects your opinion about the following OT-OTA collaboration statements.
1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree

| OTA School: | Circle one: | Pre-TEST | Post-TEST | 1 | 2 | 3 | 4 | 5 |
|---|-------------|----------|-----------|---|---|---|---|---|
| Communication | | | | | | | | |
| Promote effective communication among the OT-OTA team | | | | | | | | |
| Actively listen to OT's ideas and concerns | | | | | | | | |
| Express my ideas and concerns without being judgmental | | | | | | | | |
| Provide constructive feedback to the OT | | | | | | | | |
| Express my ideas and concerns in a clear, concise manner | | | | | | | | |
| Collaboration | | | | | | | | |
| Seek out the OT to address issues | | | | | | | | |
| Work effectively with the to enhance care | | | | | | | | |
| Learn with, from and about the OT to enhance care | | | | | | | | |
| Roles and Responsibilities | | | | | | | | |
| Identify and describe my abilities and contributions to the OT-OTA collaboration approach | | | | | | | | |
| Be accountable for my contributions to the OT-OTA collaboration approach | | | | | | | | |
| Understand the abilities and contributions of the OT | | | | | | | | |
| Recognize how others' skills and knowledge complement and overlap with my own | | | | | | | | |
| Collaborative Patient/Family-Centered Approach | | | | | | | | |
| Use the OT-OTA collaboration approach with the client to assess the health situation. | | | | | | | | |
| Use the OT-OTA collaboration approach with the patient to provide whole person care. | | | | | | | | |
| Include the patient/client in decision-making | | | | | | | | |
| Conflict Management/Resolution | | | | | | | | |
| Actively listen to the perspectives of the OT | | | | | | | | |
| Take into account the ideas of the OT | | | | | | | | |
| Address conflict in a respectful manner | | | | | | | | |
| Team Functioning | | | | | | | | |
| Develop a client-centered care plan with OT | | | | | | | | |
| Negotiate responsibilities within overlapping roles | | | | | | | | |

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Please answer the following questions by filling in the circle that most accurately reflects your opinion about the following OT-OTA collaboration statements.
1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree

| OT School: | Circle one: | Pre-TEST | Post-TEST | 1 | 2 | 3 | 4 | 5 |
|---|-------------|----------|-----------|---|---|---|---|---|
| Communication | | | | | | | | |
| Promote effective communication among the OT-OTA team | | | | | | | | |
| Actively listen to OTA's ideas and concerns | | | | | | | | |
| Express my ideas and concerns without being judgmental | | | | | | | | |
| Provide constructive feedback to the OTA | | | | | | | | |
| Express my ideas and concerns in a clear, concise manner | | | | | | | | |
| Collaboration | | | | | | | | |
| Seek out the OTA to address issues | | | | | | | | |
| Work effectively with the to enhance care | | | | | | | | |
| Learn with, from and about the OTA to enhance care | | | | | | | | |
| Roles and Responsibilities | | | | | | | | |
| Identify and describe my abilities and contributions to the OT-OTA collaboration approach | | | | | | | | |
| Be accountable for my contributions to the OT-OTA collaboration approach | | | | | | | | |
| Understand the abilities and contributions of the OTA | | | | | | | | |
| Recognize how others' skills and knowledge complement and overlap with my own | | | | | | | | |
| Collaborative Patient/Family-Centered Approach | | | | | | | | |
| Use the OT-OTA collaboration approach with the client to assess the health situation. | | | | | | | | |
| Use the OT-OTA collaboration approach with the patient to provide whole person care. | | | | | | | | |
| Include the patient/client in decision-making | | | | | | | | |
| Conflict Management/Resolution | | | | | | | | |
| Actively listen to the perspectives of the OTA | | | | | | | | |
| Take into account the ideas of the OTA | | | | | | | | |
| Address conflict in a respectful manner | | | | | | | | |
| Team Functioning | | | | | | | | |
| Develop a client-centered care plan with OTA | | | | | | | | |
| Negotiate responsibilities within overlapping roles | | | | | | | | |
| Additional Questions | | | | | | | | |
| To what degree can you identify the role of the OT and OTA in the screening and evaluation process? | | | | | | | | |
| To what degree can you demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants? | | | | | | | | |

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ROLES AND RESPONSIBILITIES

For each of the tasks below, indicate whether it generally a skilled role/responsibility of an OT and/or OTA. Realize this will often depend on the state's occupational therapy practice act. For this exercise, assume the occupational therapy practitioner is competent in the designated tasks.

| Task | OT | OTA |
|--|----|-----|
| Develop the occupational therapy intervention plan | | |
| Determine whether a client performs a cooking task safely | | |
| Teach positioning techniques to a parent of a child with cerebral palsy | | |
| Upgrade an exercise program | | |
| Determine discharge from occupational therapy | | |
| Respond to a referral to occupational therapy | | |
| Implement occupational therapy interventions | | |
| Complete the occupational therapy evaluation report independently | | |
| Administer a standardized assessment | | |
| Interpret initial evaluation results | | |
| Document occupational therapy intervention | | |
| Write short-term goals in a treatment note as a substep toward implementing an established intervention plan | | |
| Write a discharge report independently | | |
| Assess range of motion using a goniometer | | |