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Abstract

Intraprofessional collaboration between occupational therapists (OTs) and occupational therapist assistants (OTAs) is important for safe, effective, and efficient occupational therapy services. However, challenges such as role misunderstandings in Canada exist, which impact OT-OTA intraprofessional collaboration and the quality of care provided. This study aimed to reveal the OT-OTA intraprofessional collaboration preparation taking place in Ontario, Canada, during entry-to-practice education. An explanatory sequential environmental scan was conducted, which involved a survey distributed to OT and OTA educators, followed by six focus groups: two with OT educators, two with OTA educators, and two with OT and OTA recent graduates. Key findings revealed an opportunity and a need to develop ready-made, easy-to-use foundational online resources to support OT-OTA intraprofessional collaboration preparation in the Canadian context. The environmental scan revealed distinct competencies, skills, and attitudes that must be addressed and explicitly taught for effective OT-OTA intraprofessional collaboration. Participants emphasized that while ready-made online resources are needed to address existing knowledge gaps, scaffolded real-world OT-OTA interactions are also required to develop OT-OTA competence in intraprofessional collaboration. Contact theory provides insight into these findings. This study presents the initial phase in a broader initiative that created, disseminated, and evaluated resources designed to support OT-OTA intraprofessional collaboration across Canada.

Keywords

Collaboration, intraprofessional education, occupational therapist assistant, quality of care

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An Environmental Scan of Preparation for Occupational Therapy Intraprofessional Collaboration in Ontario

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ABSTRACT

Intraprofessional collaboration between occupational therapists (OTs) and occupational therapist assistants (OTAs) is important for safe, effective, and efficient occupational therapy services. However, challenges such as role misunderstandings in Canada exist, which impact OT-OTA intraprofessional collaboration and the quality of care provided. This study aimed to reveal the OT-OTA intraprofessional collaboration preparation taking place in Ontario, Canada, during entry-to-practice education. An explanatory sequential environmental scan was conducted, which involved a survey distributed to OT and OTA educators, followed by six focus groups: two with OT educators, two with OTA educators, and two with OT and OTA recent graduates. Key findings revealed an opportunity and a need to develop ready-made, easy-to-use foundational online resources to support OT-OTA intraprofessional collaboration preparation in the Canadian context. The environmental scan revealed distinct competencies, skills, and attitudes that must be addressed and explicitly taught for effective OT-OTA intraprofessional collaboration. Participants emphasized that while ready-made online resources are needed to address existing knowledge gaps, scaffolded real-world OT-OTA interactions are also required to develop OT-OTA competence in intraprofessional collaboration. Contact theory provides insight into these findings. This study presents the initial phase in a broader initiative that created, disseminated, and evaluated resources designed to support OT-OTA intraprofessional collaboration across Canada.

Introduction

The World Health Organization (WHO, 2020) highlighted a shortage of rehabilitation services impacting public health. Canada faces a projected shortage of occupational therapists (OTs) until 2031 (Government of Canada, 2023). While the Canadian Institute for Health Information (2021) reported growth in the occupational therapy workforce from 7,575 OTs in 1997 to over 20,000 in 2021, there continues to be an insufficient number of OTs in Canada to address population needs (Canadian Association of Occupational Therapists [CAOT], 2023). The demand for occupational therapy services is anticipated to persist, driven by factors such as population growth, an aging population, and ongoing needs arising from the pandemic (CAOT, 2023). In addition to the OT clinician shortage, relying entirely on therapists to provide services is financially impractical (McArthur et al., 2017). Meanwhile, the occupational therapy assistant (OTA) profession is experiencing rapid growth in Canada. In 2001, there were 15 post-secondary diploma programs in Canada teaching OTA curriculum (Salvatori, 2001), while in 2019, this number expanded to 44 public and private OTA-related diploma programs registered in Ontario alone (Ontario Ministry of Colleges and Universities, 2020). The scarcity of OTs, resource constraints and an available workforce of OTAs have increased the need for OT-OTA intraprofessional collaboration (IntraPC) in Canada to provide needed services (CAOT, 2024a).

Literature Review

Intraprofessional collaboration "is a relational, respectful process among professionals within the same profession (e.g., OTs and OTAs) that allows for the effective use of the knowledge, skills, and talents of all to establish and achieve optimal client and health system outcomes" (adapted from Canadian Nurses Association, 2020, p. 1). "This may include a supervisory relationship between professionals with different levels of training in the same field (OT and OTA) and managing how to optimize the contributions of each profession to achieve the best possible outcomes" (CAOT, 2024b, p. 14).

Intraprofessional collaboration between OT and OTAs supports rehabilitation outcomes (Nardella et al., 2018). However, previous studies contend that OT-OTA IntraPC can and must be improved in Canada (Standing Committee, OTA PTA, 2019). A Canada-wide study (n = 1,549) investigated the desired future of the OTA and physiotherapist assistant (PTA) profession and identified misunderstandings between therapists and assistants regarding each other's scopes of practice, education, roles, and requisite supervision standards (Standing Committee, OTA PTA, 2019), all of which influence appropriate task assignments, supervision, and collaboration. The provision of occupational therapy services in Canada is further influenced and complicated by OTA education differences that are poorly understood, along with varying OTA competency levels and the inherent supervisory relationship required between the OT and OTA (Standing Committee, OTA PTA, 2019). These variables differentiate the OT-OTA IntraPC relationship from other interprofessional collaborative relationships and warrant specific attention in the Canadian context.

Occupational therapists in Canada are regulated health professionals who have completed an accredited master's level education program or equivalent (Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, & Canadian Association of Occupational Therapists [ACOTRO, ACOTUP & CAOT], 2021). Occupational therapy assistants in Canada are unregulated and work under the OT's supervision (College of Occupational Therapists of Ontario [COTO], 2023). While most OTAs in Canada complete two-year diploma-level college programs, OTA education is not mandatory in Canada, and accreditation for OTA education programs is optional (Gillespie, 2023). Thirty-nine national OTA programs have opted to participate in the accreditation process at one time and are listed on the national education accreditation program website (OTA & PTA EAP, 2024). Of these 39 listed programs, only 23 (59%) are accredited (OTA & PTA EAP, 2024). Additionally, there is no OTA registry, certification, regulation, protection of title, or mandatory minimum entry requirements to practice as an OTA in Canada (Standing Committee, OTA PTA, 2019), which means no system ensures OTAs possess the required knowledge and competence to practice in occupational therapy.

In Canada, OTs must adhere to provincially regulated practice standards when assigning tasks to OTAs (COTO, 2023). These standards stipulate that OTs are fully responsible for assessing an OTA's competency, making decisions about task assignments, and ensuring that all therapy provided is safe and effective (COTO, 2023). Occupational therapists encounter challenges when supervising OTAs, particularly within complex healthcare systems (Brice-Leddy et al., 2020). These challenges include a loss of direct patient contact, reliance on second-hand information, increased communication demands, concerns around trust and accountability, and the need to balance a managerial role with maintaining high-quality patient care (Brice-Leddy et al., 2020). Furthermore, many Canadian OTs have a limited understanding of the OTA's roles and responsibilities, their training, and the tasks they can perform (Standing Committee, OTA PTA, 2019). As a result, OTAs in Canada often report being over-assigned or under-assigned therapy tasks, which can negatively affect service availability, safety, and overall quality (Penner et al., 2020). Despite these challenges, collaborating with OTAs is seen as beneficial by OTs in Ontario, as it allows for increased treatment frequency and improved patient outcomes (Brice-Leddy et al., 2020; Penner et al., 2020). Addressing OT-OTA IntraPC is therefore crucial to support quality care outcomes in occupational therapy (Nardella et al., 2018).

Deliberate preparation in the post-secondary environment can enhance OT-OTA IntraPC preparation, including role understanding (Nardella et al., 2018). However, no data were available on the extent of OT-OTA IntraPC preparation in Canada. OT-OTA IntraPC is not addressed in Canadian OT Education Accreditation (CAOT, 2022a). Canadian studies nonetheless reveal knowledge gaps regarding OTAs and recommended educators include OT-OTA IntraPC preparation in their curricula to prepare OTs and OTAs for real-world practice (Brice-Leddy et al., 2020; Penner et al., 2020; Standing Committee, OTA PTA, 2019).

Study Objective

The study objective is to identify and explain the current preparation for OT-OTA IntraPC taking place in Ontario entry-to-practice education and to identify opportunities to support OT-OTA IntraPC preparation. While OT-OTA IntraPC is relevant across Canada, Ontario was the target for this environmental scan because the greatest number of OT (*n* = 5) and OTA programs (*n* = 30) reside in Ontario. Focusing on a single province minimized the impact of geographical differences, such as variations in regulations, funding, and discrepancies in OTA titles and employment roles. The study is the initial phase in a broader initiative that created, disseminated, and evaluated resources designed to support OT-OTA IntraPC across Canada (Avvampato et al., 2024).

Methodology

An explanatory sequential design was employed to conduct an environmental scan (ES) to gain a comprehensive understanding of the OT-OTA IntraPC preparation landscape. In step 1, a survey was distributed to OT and OTA educators in Ontario. Step 2 followed, which involved conducting six focus groups: two with OT educators, two with OTA educators, and two with OT and OTA recent graduates. An ES is valuable for assessing OT and OTA post-secondary programs, and identifying strengths, and opportunities to enhance OT-OTA IntraPC collaboration preparation. Originating in business, an ES involves gathering and analyzing external and internal information for strategic decision-making based on real-world data (Charlton et al., 2019). An ES aids in evaluating programs, identifying strengths and challenges, and guiding quality improvement initiatives in healthcare (Charlton et al., 2019) and education. For instance, Arain et al. (2017) used an ES to improve interprofessional education resources for internationally trained health professionals in Western Canada. Their findings identified an absence of comprehensive training covering all six competencies of the Canadian Interprofessional Health Collaborative's National Interprofessional Competency Framework (2010), and in doing so, identified a clear gap that could be addressed through education (Arain et al., 2017). Despite lacking standardized methods, an ES is suitable for strategic decision-making and studying OT-OTA IntraPC.

Step 1: Survey

Survey Development and Content

There are currently no standardized tools for assessing IntraPC in educational settings. For this study, a survey was developed, drawing inspiration from Furgeson et al.'s (2015) national survey on interprofessional education in United States (U.S.) dental programs. The survey included Likert scales, multiple-choice, and open-ended questions, following evidence-based practices recommended by Magee et al. (2013), such as using clear and concise language, obtaining expert feedback, and refining the content to enhance clarity and flow. Item development guidelines were adhered to, and pilot testing was conducted with six colleagues (Barry et al., 2011). To maximize response rates, personalized invitations and weekly reminders were sent by email to prospective participants. The survey was created using the online tool Qualtrics. Sample questions are presented in Table 1.

Survey Recruitment

Invitations to complete the survey were emailed to all Ontario OT and OTA entry-level program educators. Using a roster of 44 OTA programs from the Ontario Ministry of Colleges and Universities (2020), each of the 44 institutions were contacted in 2021. In 2021, out of the 44 listed programs, only 30 were active. Of these, 19 were publicly operated, while 11 were provided by private institutions. The roster of five OT programs was available through the CAOT (2022b). The OT and OTA program rosters were combined to create a comprehensive list of all active OT and OTA programs in Ontario. This list guided a secondary search of each program's website to compile a directory of publicly listed OT and OTA educators. Program leads were also asked to share the survey with other faculty members who might not be publicly listed, such as those with part-time appointments.

Table 1

Environmental Scan Survey Structure

Survey Sections	Sample Questions and Response Structure
Demographic information	• Demographic questions included professional roles and affiliated program demographics.
Knowledge of existing OT and OTA programs	• How knowledgeable are you about what is currently instructed in OTA/OT curriculum in Ontario (1-5: extremely to not knowledgeable)?
Educators' perceptions of inter- and IntraPC education	• How important are interprofessional / OT-OTA Intra-PC opportunities to prepare your students to deliver quality OT services (1-5: extremely to not at all)?
What IntraPC education is taking place, what is working well, perceived outcomes and their measures, and recommendations for resource development	• Are you personally involved in offering any OT-OTA IntraPC preparation opportunities in your own courses or in components of the curriculum at any time throughout the program (1-2: yes/no)? • What content is covered during the IntraPC opportunities that you personally offer (10 options: e.g., role clarity, mutual respect, communication skills)? • What interactions occur in the IntraPC opportunities that you personally offer (1-4; real-time interaction, asynchronous interaction, no interaction, unsure)? • Which level of teaching and learning best represents the IntraPC preparation opportunities that you personally offer (1-6: knowledge acquisition, application, demonstration, real-life application, uncertain, other)?

- If a resource were created to support OT-OTA IntraPC for OT and OTA entry-level students, which topics/resources/format would be most likely to be used (5 options rated 0-100)?

Survey Inclusion Criteria

Occupational therapy and OTA educators in Ontario with at least two years of experience were invited to participate in the survey. If an individual met this criterion, no additional exclusion criteria were imposed. The survey started with the informed consent procedure and eligibility questions. Only participants who consented and met the inclusion criteria proceeded to the survey questions.

Survey Data Analysis

The data were downloaded from Qualtrics and imported into Statistical Package for Social Sciences (SPSS) for analysis. The data frequencies and measures of central tendency were reviewed to understand the data normality, outliers, and missing data. There was missing data for 8.8% of questions about IntraPC, which, according to Dong and Peng's (2013) standards, is considered inconsequential. Therefore, no imputation was pursued.

Chi-square tests were run in the SPSS using a significance level (alpha) of 0.05 to determine whether there were statistically significant differences in the proportion of OT and OTA educators who endorsed particular responses. Though multiple comparisons took place, a Bonferroni correction was not used because the analysis aimed to describe and explore the current OT-OTA IntraPC preparation landscape.

Step 2: Focus Groups

Following analysis of the survey results, focus groups were conducted to gain a deeper understanding of the contextual factors influencing IntraPC preparation and the recommendations for resource creation identified via the survey.

Focus Group Recruitment

Four focus groups were planned for May and June 2022. Two groups were to be comprised of OT and OTA educators, and the other two with recent OT and OTA graduates. The same inclusion criteria employed in the educator survey were used for the educator focus group (Creswell & Creswell, 2018). OT and OTA educators expressed willingness to be contacted for the focus groups via an anonymous survey link at the end of the step-1 survey. Through this method, OTA educators filled two focus groups. No OT educators expressed interest. Recruitment materials were therefore redeveloped and redeployed to the OT educators via email invitations. From May to June 2022, two homogenous focus groups were conducted with OTA educators *(n* = 11). Two additional homogenous focus groups were conducted in September 2022 with the OT educators (*n* = 7). All educator demographic information was collected via an anonymous Qualtrics survey, circulated to attendees by the research assistants (RAs) after their participation.

Occupational therapy and OTA graduates were recruited via posters on social media platforms (e.g., Twitter, LinkedIn, and Facebook). Interested graduates completed a Qualtrics survey to share their demographic, contact information, preferred participation time, and experiences with OT-OTA IntraPC. All 14 graduates who expressed interest and met the inclusion criteria were scheduled for focus groups, but only 11 attended. Inclusion criteria required graduates to have completed a master-level OT program, an OTA diploma (Dip OTA), or an OTA & PTA diploma (Dip OTA & PTA) within the last five years and be working in Ontario as an OT, OTA, OTA/PTA, or other professional supervised by an OT. Two heterogeneous graduate focus groups were conducted via Zoom from May to June 2022.

Focus Group Guide

The focus group questions were developed collaboratively with the research team and reviewed by two OTs and two OTAs who were not study participants. The focus group questions centered on defining and exploring participants' experiences with OT-OTA IntraPC, their perceptions of the knowledge, skills, and attitudes required for OT-OTA IntraPC, identifying relevant learning opportunities, and future educational prospects. Two experienced RAs piloted the questions and conducted the focus groups.

Focus Group Process

Each focus group was scheduled for 60 minutes, and audio recorded. The RAs reviewed the transcripts for accuracy, after which the redacted transcripts were submitted to the PI for analysis.

Focus Group Data Analysis

Data were analyzed in NVivo 12. A reflexive thematic qualitative analysis process was employed (Braun & Clark, 2021). Nonlinear phases of the thematic analysis included (a) an initial familiarization with the data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) reporting (Braun & Clarke, 2006). For all analysis phases, the “15-point checklist…for good thematic analysis” was followed (Braun & Clarke, 2006, p. 96). Data triangulation included comparing OT and OTA educator data to OT and OTA graduate data. Methodological triangulation occurred by comparing the survey results with the focus group results. Transferability was supported by transparent reporting of methods and by providing descriptions of participants to support study finding interpretation and applicability to different contexts (Nowell et al., 2017). Dependability was supported by having two researchers review the themes and transcripts (Braun & Clarke, 2006; Nowell et al., 2017). Confirmability was supported by reporting the methodological and analytic methods employed (Braun & Clarke, 2006).

A document was generated with themes, subthemes, and quotes for thematic auditing and member checking. The document was edited to remove the quotes and add narrative descriptions. The member-checking document was emailed to all focus group participants. No participants reported inaccuracies in the derived themes, subthemes, and explanations, and many emailed to report the accuracy and comprehensiveness of the member-checking document.

Environmental Scan Analysis

Data from the surveys and focus groups were collected and analyzed separately and sequentially, then synthesized for integrated discussions and conclusions. The study used an explanatory sequential design, starting with quantitative data to identify broad recommendations, followed by qualitative data to explain and deepen the understanding of those findings (Creswell & Creswell, 2018). To avoid merging the two databases, which undermines the study design, survey findings are presented first, followed by focus group findings.

Ethics

The Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (2024) approved this study. All participants provided informed consent, and their data were de-identified to protect their identities.

Results

Survey Findings

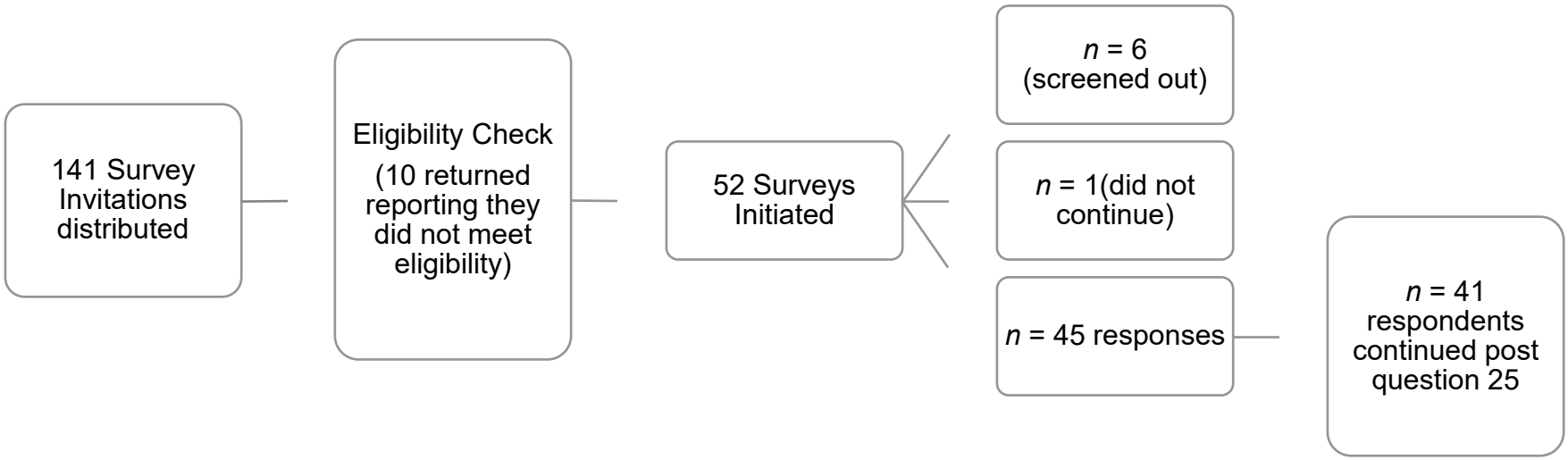
In total, 141 survey invitations were distributed. Ten (7%) were returned by people indicating they did not meet the eligibility. Of the remaining 131 individuals, 52 (40%) initiated the survey. Of these 52 individuals, six (12%) were screened out during the eligibility process because they did not meet the study's inclusion criteria, and one (2%) did not continue, leaving 45 potential respondents. These individuals completed most demographic questions. After question 25, however, when questions regarding IntraPC began, only 41 (91%) of the original 45 individuals continued (three master-level educators and one OTA/PTA educator discontinued). A graphic flowchart in Figure 1 demonstrates the participation in the environmental scan survey.

Survey Participant Demographics

Representation was from across Ontario, Canada (West of the Greater Toronto area [GTA] n = 10; GTA n = 13; East of GTA n = 15; North of GTA n = 4). Participants worked in programs with a range of incoming cohort sizes, with 34 (76%) participants from programs with more than 60 students registered. Participants had been in their roles for an average of 12 years, ranging from 2 to 30 years. Most respondents were from accredited programs (81%). There were no respondents from private institutions. There were comparable participant numbers from master-level OT educators (n = 23) and educators from diploma-level assistant programs (n = 22).

Figure 1

Environmental Scan Survey Participation



Intraprofessional Collaboration Preparation

Eighteen of the 41 respondents (44%) reported offering IntraPC preparation. Of the 18 participants who offered OT-OTA IntraPC preparation, 11 (61%) reported they offered no opportunities for OTs and OTAs to interact or work together. Of the seven (39%) respondents who reported they offer OT and OTA students an opportunity to interact, three (43%) were in-person experiences, while the remaining four of the seven (57%) interactions were online. Only six of the 18 (33%) respondents reported evaluating the outcomes of their OT-OTA IntraPC preparations. Compared to the OTA educator respondents, the OT educator respondents were less aware of other OT and OTA programs and what OTAs learn.

Statistically significant relationships were identified and are presented in Table 2. There were notable differences between OT and OTA educator respondents in their perceptions of the importance of OT-OTA IntraPC for delivering quality OT services. OTA educators placed greater importance on IntraPC for supporting quality OT service provision than their OT counterparts did. Additionally, a significant disparity was observed between the two groups regarding the extent to which they offered OT-OTA IntraPC preparation. OTA educator respondents were more likely than OT educators to provide both interprofessional education and IntraPC preparation opportunities. Moreover, educators with less than 20 years of teaching experience offered more IntraPC preparation opportunities compared to those with longer tenures.

Participants with an OT-affiliated teaching position rated interprofessional education (IPE) as more important for supporting quality OT service provision than OTA-affiliated participants; however, more OTA-affiliated participants offered IPE. Participants cited lack of opportunity (42%), it not being a learning outcome (42%), or a priority (16%) as reasons for not offering IntraPC preparation. Challenges included resource barriers and a lack of meaningful opportunities.

Table 2

Affiliated Program Relationships

OT and OTA educator groups differed in whether they:	**Pearson Chi-Square Value**	***df***	**Asymptomatic Significance (2-sided) *p*-value < 0.05**	**Phi**
1. Rated IntraPC Preparation is extremely important to deliver quality OT service	7.152	1	.007	-.418
2. Offered IntraPC Preparation	9.058	1	.003	-.470
Respondents' number of years worked (19 years or less compared to 20 years or more) was related to whether they:			**[1]Fisher's Exact Test (2-sided) *p*-value < 0.05**	
3. Offered IntraPC Preparation	6.942	1	**.**011	.417

[1] Due to low expected cell frequencies, Fisher's Exact Test investigated the relationship between years worked and offering OT-OTA IntraPC.

Participants were asked what resources would be most helpful in supporting OT-OTA IntraPC preparation if such resources were developed (e.g., websites, toolkits, guidance documents). An online training course was rated as the most beneficial. Participants also suggested future innovations could include an OT-OTA conference, simulations, in-person events, cross-appointed faculty, a community of practice, and fieldwork experiences. The focus group data provides additional insight into these findings.

Focus Group Findings

The six focus groups had 29 participants, with group sizes ranging from three to seven members (see Table 3).

Educators represented 62% of the focus group participants, with 11 OTA educators and 7 OT educators. Eighty-three percent of educator focus group participants shared their demographic profiles (see Table 4). The remaining focus group participants (38%) were graduates from OT and OTA programs. Focus group participants ranged from 22-64 years old and were in their roles between 0.5 and 20 years. Table 4 illustrates how focus group participants rated IntraPC preparation's importance, their involvement with OT-OTA IntraPC and their program's accreditation status.

Table 3

Focus Group Participant Numbers

Focus Group	Participant Group	*n*	Discipline
1	OTA/PTA Educators	6	6 OTA educators
2	OTA/PTA Educators	5	3 OTA educators; 1 PT educator; 1 educator of both OT and OTA
3	OT and OTA Graduates	4	1 OT; 3 OTA
4	OT and OTA Graduates	7	2 OT; 5 OTA
5	OT Educators	3	3 OT
6	OT Educators	4	4 OT
Total		29	20 OT- 8 OTA- 1 PT

Table 4

Participant Perceptions and Program Profile

Survey Questions	Educators (*n* = 15)	Graduates (*n* = 14)
How important is OT-OTA IntraPC to deliver quality OT services?		
Extremely	9; 60%	7; 50%
Very	4; 27%	7; 50%
Moderately	2; 13%	0
Slightly	0	0
Not at all	0	0
Have been involved in OT-OTA IntraPC preparation at any time?		
Yes	10; 67%	13; 93%
No	5; 33%	1; 7%
Is the education program you are/were affiliated with accredited?		
Accredited	13; 87%	14; 100%
Not accredited	2; 33%	0

Focus Group Themes and Narrative Explanation

Participants identified several important insights about OT-OTA IntraPC, which are summarized in Table 5. These six focus group themes are further explored narratively below with quote illustrations.

Table 5

Focus Group Themes

Theme	
a) Opportunity	There is an opportunity to improve OT-OTA collaboration during entry-to-practice education.
b) Partnership Impact	OT-OTA collaboration positively impacts quality-of-care outcomes and resource management, including financial and human resources.
c) Competencies	Key competencies for successful collaboration were grouped into required knowledge (understanding and respecting each other's roles, training, and strengths), attitudes (mutual trust, respect, and a willingness to collaborate), and behaviors (advocating for OTAs, strong communication, non-hierarchical dynamics, and conflict resolution).
d) Challenges	Participants noted several challenges, including reluctance among some OTs to work with OTAs, the lack of mandatory IntraPC preparation in OT education, and difficulties in supervising OTAs due to inconsistent training and liability concerns. Resource barriers, such as time and coordination, were also cited, alongside IntraPC conflicts due to limited familiarity with OTAs.
e) Recommendations	To address these issues, participants recommended advocacy from leaders in accreditation, regulatory bodies, and associations, as well as creating user-friendly resources to close knowledge gaps. They also emphasized the need to integrate OT-OTA collaboration in educational settings and measure its impact on both education and clinical outcomes.
f) The Future	Looking to the future, participants believed strengthening OT-OTA collaboration is crucial for advancing the OT profession, especially in resource-constrained environments.

a) Opportunity. Many participants identified an opportunity to improve OT-OTA IntraPC preparation during entry-to-practice education. OT and OTA graduates explained their perspectives: “I’ve heard from a lot of OTs.… They get very little to no training or education on what an OTA can actually do” (OTA Graduate). Others emphasized IntraPC competencies should be distinguished from interprofessional competencies. Participants explained this is to equip OTs and OTAs to work together collaboratively in a supervisory relationship, which requires competencies different from those needed to work with other professions in a non-supervisory capacity. One OT graduate explained the importance of OT-OTA IntraPC preparation for efficient, effective practice:

> *There was a focus on interprofessional education and collaboration, but … mostly with other disciplines.… There was not a focus [on] collaboration with OTAs/PTAs…. I spend most of my time, most of my work [is] with an OTA/PTA, and that is why it is so important … [to] make our work more efficient and more helpful to the patient. (OT Graduate)*

Occupational therapy educators provided context to the graduate reports, and explained from their perspectives there is a focus on IPE but not IntraPC in OT education: “It is sidelined in formal education.… It is exclusively interprofessional. There is not even a conversation about it being intraprofessional” (OT Educator).

b) Partnership Impact. Participants shared observations that effective OT-OTA IntraPC enhances safety, treatment outcomes, work relationships, and provides greater access to OT services.

> *[It] expands access… to occupational therapy services.… perhaps, even equitable service to OT … that can only enhance the care itself … [and] our profession. (OT Educator)*

Participants perceived that OT-OTA IntraPC positively impacts quality of care, by providing more therapy time, leading to better outcomes:

> *[In] stroke rehab, we are trying to target [treatment] intensity … optimizing… assistant [roles] is one way of meeting that intensity target.… [We]e need to be thoughtful about how we do that. So [we can] support the implementation of evidence-based practice at that level. (OT Educator)*

Occupational therapy participants reported their employers observed the benefits of working with OTAs and using resources effectively to benefit clients: “I am [working with] OTAs all the time…[It] helps make sure the client is getting the services they need” (OT Graduate).

c) Competencies. All participants stressed the importance of understanding each other's roles, training, and limitations for effective OT-OTA collaboration. They emphasized working within one's responsibilities and having insight into their colleagues' roles. One graduate noted the value in learning about the experiences, scope, and education of OTAs: “That would be great to [learn] the education of OTAs…what they learn…and how they practice” (OT Graduate). Another participant explained:

> *A way to encourage more collaboration [is] to ensure a … better understanding of the [OTA] program…we can reduce tension right out of the gate. (OTA Educator)*

Participants highlighted the importance of OTs being willing to work with OTAs and recognizing them as integral members of the OT discipline. They emphasized that everyone is working towards the same client-oriented objectives, guided by shared OT values and perspectives.

Participants noted successful OT-OTA IntraPC requires understanding how to work effectively in supervisory relationships. They emphasized the need for mutual respect, trust, and psychological safety within these supervisory relationships. Participants, however, explained the trust necessary in this relationship differs from that required to work with other professions due to the OT's regulatory responsibilities:

> *The level of responsibility, however, falls primarily on the shoulders of the registered professional. That is why there must be a trust element because if the OTA does something libelous, [or] wrong, it is the OT who is ultimately responsible. (OTA Educator)*

In some cases, a lack of psychological safety between the OT-OTA dyad was noted, which could have repercussions on the safety of the client or the effectiveness of the OT services:

> *New [OTA] graduates (sic) were afraid to ask [the OT] questions, … and [that] affected the treatment plan because the [miscommunication affects] the whole progress. (OTA Graduate)*

Participants also identified a need for inclusion and to involve, and advocate for OTAs to support OT-OTA IntraPC. Participants highlighted missed opportunities to include OTAs in professional development opportunities, in OT publications, and in recognizing how the OT-OTA dyad impacts client care. For example:

> *[A missing] piece - "assistant" is not in the newest book on promoting occupational participation.… We talked about the book being aspirational… but if we are not aspiring to make our assistants part of our vision for the profession, [that] is a problem. (OT Educator)*

Many participants emphasized the need for knowledge and skills to work in a non-hierarchical supervisory relationship with overlapping roles, along with a need for strong communication and conflict resolution skills: "Our students [do not get training] in [how to develop] a strong relationship while managing conflict and overlapping roles" (OT Educator).

d) Challenges. Attitudinal barriers to OT-OTA IntraPC were raised, which included reluctance and hesitancy by OTs to collaborate with OTAs. One OTA educator reported "an absence of willingness is a barrier" (OT Educator). OTA graduates also explained situations where their skills, knowledge, and capabilities are not recognized or used.

Another participant revealed that tensions exist, and OTs may retain power to support their value. An OTA graduate shared their perceptions of this reluctance and hesitancy:

> *OTs are … very protective of the work that they have, and so do not feel that an OTA can deliver the same care that they can…. It is a very regular thing that you are referred to clients in the PTA space. (OTA Graduate)*

OT-OTA IntraPC education is not currently required or embedded in OT education accreditation. One graduate explained: "We can't guarantee that there's [going to] be too much exposure, particularly [on the] OT side.… I do not have a quota…of how much experience I need to have with OTAs" (OT Graduate). OT-OTA IntraPC preparation is an optional addition to the curriculum. Some OT educators highlighted this add-on is a challenge because the curriculum is dense.

According to participants, the regulatory requirements also influence OT-OTA IntraPC preparation. Regulatory requirements may take precedence in teaching and learning over developing the knowledge and skills to cultivate the relationship and skills required for effective OT-OTA collaboration: "That relationship piece, I am not sure how much we teach that. We focus more on the supervision piece of it, which can potentially set up a tension in the relationship" (OT Educator). Another participant echoed this notion:

> *OT new graduates… might [misunderstand] how [to collaborate with OTAs] because we always say, it is on your practice license. You [must follow] these requirements from the [regulatory] College… maybe when we enforce that, we forget to talk about…the [collaboration] bit. (OT Educator)*

Environmental barriers to OT-OTA IntraPC were also shared. One participant reflected on the changing workplace: "There are places where you work where you *must* assign duties…you do not have a choice anymore" (OTA Educator). The lack of choice by OTs to assign duties to OTAs in some environments is complicated by systemic processes related to the hiring of OTAs in organizations, which often exclude OTs from these decisions. Although OTs are accountable for assigning and overseeing all therapy services from a regulatory point of view, OTs often lack authority in the workplace to make pertinent decisions, such as OTA hiring or addressing performance issues.

In the discussion, participants also noted there were no assurances of an OTA's competency level due to a lack of consistent education and title. Work environments may also hinder OTs from directly observing or shadowing OTAs, creating difficulties in determining and improving OTA competence for task assignments. Some participants also explored how the dual training of the OTA role in Canada sometimes creates conflicts for the OTAs. Participants in dual roles spoke about the willingness of physiotherapists to assign tasks to an assistant compared to their OT counterparts. Participants spoke about barriers they experience when planning OT-OTA IntraPC preparation activities, including a shortage of OT placements, time, space, money, and geography. Other participants explained: "[It] is difficult to say what can best prepare you [for OT-OTA IntraPC] because there are so many [OT] settings and so many different ways of interpreting the OT role" (OTA Educator).

e) Recommendations. To support successful OT-OTA IntraPC, participants emphasized the need for advocacy and support from key stakeholders, including regulatory bodies, accreditation programs, and professional associations. One participant suggested the regulation of OTAs, while others recommended that OT regulators provide more resources to address practice-related tensions and offer additional support to OTs. Many participants highlighted the significant influence of messaging from authoritative figures on the success and quality of OT-OTA IntraPC.

Several participants proposed integrating OT-OTA preparation into OT education accreditation standards, concluding that such an inclusion would enable educators to request necessary resources for teaching and assessing OT-OTA IntraPC competencies. Educators reported experiencing resource limitations and expressed a need for user-friendly online tools, decision-making resources, and debriefing materials. One participant inquired, "Would it be possible to have a web-based module… If you are moving into a new role and now you have an OTA to work with, you do this kind of [self-paced] training that would not be too onerous" (OT Educator).

While participants recognized the importance of resources for OT-OTA IntraPC preparation, they also stressed the necessity of real-time, practical interactions. One participant noted, "OTs need to experience OTAs so they can graduate confidently," underscoring the value of direct contact for effective, real-world preparation. Additionally, participants emphasized the need to evaluate the outcomes of OT-OTA IntraPC and its preparation. They suggested key evaluation methods, including learning reflections, perceived readiness, feedback on learning experiences, increased OTA opportunities in field placements and practice, and quality of care outcomes.

f) The Future. Participants highlighted that OT-OTA IntraPC can strategically position the OT profession for a future where efficient and effective service delivery is crucial, particularly in resource-limited environments. One participant stated, “Thinking about the future of OT, the OTA role is critical… The resources [will] be stretched… When we have OTs and OTAs working together, we can think about quality and efficiency… OTs need to embrace OTAs for the success of their profession…" (OTA Educator).

Participants also emphasized the importance of adequately preparing OTs and OTAs for IntraPC to ensure the profession’s resilience in the face of resource shortages and increasing demands. As one OT educator observed, “[This brings] it to the forefront of really needing to do something… because of the lack of staff… We owe it to our students to be prepared…” (OT Educator). Moreover, participants reported that collaboration with OTAs aligns with the core principles and values of occupational therapy. One OT educator noted that fostering effective collaboration promotes occupational justice and helps create equitable opportunities for colleagues.

Discussion

The work by Brice-Leddy et al. (2020), Penner et al. (2020), and the Standing Committee, OTA PTA (2019) highlighted a need for additional OT-OTA IntraPC preparation and resources in the Canadian context. This study examined the OT-OTA IntraPC preparation in Ontario via a survey and six focus groups. The environmental scan highlighted the importance of creating ready-made, accurate, easy-to-use resources to address knowledge gaps in Ontario. Educator participants requested online resources, decision-making resources, and debriefing materials to support their work in OT-OTA IntraPC preparation. Dillon (2002) reported the importance of having well-defined roles for the OT-OTA dyad. Participants concurred, reporting that OTs and OTAs must possess a strong and accurate understanding of each other's roles and training to deliver optimal occupational therapy. Knowledge of OT and OTA roles is important for OT-OTA IntraPC, but participants noted that educational resources alone, though valuable, are insufficient for effective preparation.

Dillon (2002) reported OT-OTA IntraPC requires distinct knowledge, skills, attitudes, and behaviors that must be fostered and developed because they differ from those needed for interprofessional collaboration. This study identified competencies required for OT-OTA IntraPC, which aligned with Diamant et al.'s (2018) findings in the U.S. regarding effective OT-OTA IntraPC competence. Results from this study suggest OT-OTA IntraPC competence requires unique relational skills in communication, trust, respect, empathy, self-awareness, psychological safety, and conflict resolution. Focus group participants also stressed the importance of ongoing interaction and contact to develop advanced knowledge and relational OT-OTA IntraPC competencies.

Contact theory (Allport, 1954) outlines key prerequisites to address intergroup resistive attitudes, stereotypes, prejudices, and discrimination, some of which were identified in this study. Allport (1954) noted that if one group is viewed as inferior, prejudice and negative attitudes persist, while cooperative efforts toward a common goal support positive outcomes. For contact to be effective, it requires time and positive experiences, supported by factors such as equal status, shared goals, cooperation, leadership support, and informal positive interactions (Carpenter & Dickinson, 2016). Hasler and Amichai-Hamburger (2013) extended Allport's model emphasizing the importance of creating supportive conditions, enhancing knowledge and perspective-taking, reducing anxiety, and increasing empathy to facilitate positive intergroup contact. Innovations in the U.S., such as Dennehy's (2022) cross-institution elective and Carpenter et al.'s (2023) collaborative escape room, demonstrate that immersive, non-hierarchical experiences can strengthen OT-OTA relationships by building trust, communication, and mutual understanding. Future work investigating OT-OTA IntraPC through the lens of contact theory may prove beneficial.

The focus groups highlighted additional barriers to OT-OTA IntraPC, such as limited resources available to the public, employers, and decision-makers for understanding OTA roles, training, and the OT's regulatory responsibilities. Workplace organizational structures related to hiring and managing OTAs impact OT-OTA IntraPC, as hiring decisions are made by employers, yet OTs remain responsible for overseeing OTA

practice from a regulatory standpoint. Additional challenges include difficulties assessing OTA competence due to variations in training levels, and systemic barriers that exclude OTAs from full participation in the discipline. Penner et al. (2020) identified similar barriers in an acute care setting, describing themes such as “left out of the loop,” “living in the grey,” and “not just an assistant” (p. 399). Participants in this study also expressed concern over the absence of standardized OTA credentialing, titles, and education in Canada. The Standing Committee, OTA PTA (2019), explored the desired future role of assistants and recommended establishing an OTA certification in Canada, a recommendation that has yet to be implemented.

OT-OTA IntraPC in the occupational therapy field may support the discipline’s outcomes. Other work has suggested ineffective OT-OTA IntraPC may lead to negative consequences, such as reduced access to care, reduced treatment intensity, fragmented care, legal or ethical issues, poor job satisfaction, and diminished quality of care (Nardella et al., 2018). These consequences may negatively affect future funding opportunities and the occupational therapy profession’s reputation. However, OT-OTA IntraPC can be developed through deliberate and thoughtful educational practices (Nardella et al., 2018). Ensuring OT-OTA IntraPC preparation in entry-level education offers a chance to build necessary competencies, which are expected to improve patient outcomes and enhance the effectiveness of occupational therapy services.

Study Strengths, Limitations and Future Directions

A strength of this environmental scan was its sequential approach, allowing survey results to be explored through multiple focus groups. The alignment between the province-wide survey and six diverse focus groups supports the findings' credibility. All data indicated a need to enhance OT-OTA IntraPC preparation. During member checking, participants confirmed the themes and explanations accurately reflected their discussions and perceptions. Province-wide recruitment and broad representation from Ontario supported the transferability of the findings, though they may not reflect all graduates and educators in the province. Further, the study's focus on Ontario limits the generalizability of its findings. Differences in regulations, funding, and healthcare structures across Canada and internationally could mean that the findings are not applicable in other contexts. Future work investigating a broader geographic scope may provide more insight into OT-OTA collaboration at a national or international level.

This study developed a survey and questions for exploring OT-OTA collaboration preparation. The absence of validated, standardized tools for assessing IntraPC preparation could impact the reliability and replicability of the findings. Developing standardized metrics or tools would provide more consistent comparisons across studies and contexts in the future.

While the study focused on educators and recent graduates in Ontario, the sample size may be unrepresentative for a larger-scale assessment. This limitation is particularly relevant in the focus groups, where the homogeneity of certain groups (e.g., separate OT and OTA groups) could limit the diversity of perspectives. Further, the voluntary nature of participation could have introduced selection bias. Participants with stronger opinions about OT-OTA collaboration may have been more likely to participate,

potentially skewing the findings. The study also concentrated on educators and recent graduates, leaving out the perspectives of OTs and OTAs practicing in clinical settings for over five years. Seasoned practitioners may have additional insights into OT-OTA collaboration that were not captured in this study. Additionally, investigating how the current state of OT-OTA IntraPC impacts clinical outcomes, patient safety, satisfaction, and other quality-of-care metrics is a crucial area for future research.

This study provides a snapshot of current OT-OTA IntraPC preparation but does not explore long-term trends. A longitudinal approach would offer a deeper understanding of whether changes in OT-OTA collaboration preparation are sustained over time and how they influence practice. Additionally, macroenvironmental barriers to OT-OTA IntraPC were identified, with participants noting that educational interventions alone are insufficient. Future research should examine these macroenvironmental barriers and explore the feasibility of OTA certification in Canada. The U.S. provides a valuable case example, where OT-OTA IntraPC is integrated into educational accreditation standards and OTA certification is required to practice (Nardella et al., 2018).

Implications for Occupational Therapy Education

This environmental scan provides an understanding of the OT-OTA IntraPC preparation in Ontario post-secondary education and reveals strengths, needs, and opportunities. These findings are valuable in shaping the structure, themes, and content of future OT-OTA educational products or experiences. This work is part of a broader effort, which developed and evaluated a Canadian course designed to support OT-OTA IntraPC: https://ot-ota-collaboration-resource-link.tiiny.co. Details of the course design and national evaluation are reported elsewhere. Providing educational resources alone is nonetheless insufficient to prepare OTs and OTAs to work collaboratively. This study underscores the necessity of advocacy and support from accreditors, regulators, educators and associations for effective OT-OTA IntraPC preparation. Informed by contact theory, effective preparation also requires developing competencies through scaffolded direct interactions, over time, under specific conditions. These findings can shape future OT-OTA educational products and experiences and inform future actions and research addressing OT-OTA IntraPC and its preparation.

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