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Invited Paper

Interprofessional Education and Experiences Within Therapeutic Recreation Education

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Abstract: Interprofessional education (IPE) has been defined as two or more students or professionals from different disciplines learning from, with, and about each other. It is anticipated that through a collaborative environment of interprofessional education, professionals gain the proficiencies to assure improved patient safety and quality of care. The purpose of this manuscript is to introduce the concept of IPE and highlight IPE in therapeutic recreation/ recreational therapy education. Three programs in Canada and the United States incorporate IPE in their programs: The Centre for Collaborative Health Professional Education at Memorial University in Canada, the University of New Hampshire College of Health and Human Services, and the Arizona State University Collaboratory on Central at the Westward Ho each offer students, faculty, and health-related colleagues collaborative learning and practice experiences. While these programs are grounded on the core competencies proposed by a panel of healthcare experts representing several peer professions, each of the selected sample programs has designed and implemented IPE in a unique way within their curriculum.

Keywords: *Collaboration, health care professions, interprofessional education*

Editor's Note: In this paper, the authors present an overview of an international trend aimed at improving quality of health care. The examples suggest application of interprofessional experiences wear many faces yet offer academic and practice options with a common goal of collaboration and communication to enhance service quality and efficiency. The practice perspective that follows reviews one program's initiatives to use collaborative efforts to improve services to youth in after-school programs.

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Introduction

Demands from society, policy-makers, third-party payers, and health care professionals have resulted in continuous improvements to health care. Ideally, through these improvements, harm to patients should be nonexistent, or at the very least minimized. Indeed, the improvements within health care have generally led to improved patient safety, quality of care, and to finding best practices in treatment of specific conditions and diseases (Braithwaite et al., 2013). It is through continuous improvement and communication that patients may be receiving the best health care options to date. Communication becomes a critical component within the treatment of patients, particularly the communication between health care professionals. Ultimately, when teams do not work collaboratively, poorer health outcomes and greater patient safety risks may occur (Hays, 2013). When health care professionals communicate and work collaboratively, improved patient safety and quality care generally occur (Lamba et al., 2016). It is expected that health care professionals are capable of working effectively in an interdisciplinary team to support patient care. In the past 20 years, this interdisciplinary team approach has evolved to interprofessional practice. Rowland and Kitto (2014), remark, "… common sense arguments have linked interprofessional care to patient safety" (p. 331). Furthermore, "this has been accompanied with efforts towards standardized, interprofessional safety competencies, as well as increased attention towards interprofessional education for systems improvement" (Rowland & Kitto, p. 331). The purpose of this manuscript is to introduce the concept of IPE and highlight interprofessional education occurring within therapeutic recreation/ recreational therapy education. Immediately following this piece is a practice perspective which illustrates how one program utilized IPE to develop learning opportunities for undergraduate students.

Development of Interprofessionalism

Health care is not a seamless system; it is a work in progress. However, inconsistencies and mistakes made in health care lead to dire consequences including greater illness and death. The Institute of Medicine (IOM, 2000) demonstrated these inconsistencies in the first of a series of reports on the Quality of Health care in America project. The report *To Err Is Human: Building A Safer Health System* addressed patient safety as a serious issue affecting the quality of health care. "The decentralized and fragmented nature of the health care delivery system (some would call 'nonsystem') also contributes to the unsafe conditions for patients, and serves as an impediment to efforts to improve safety" (IOM, 2000, p. 3). This report estimated that between 44,000 and 98,000 Americans die each year because of medical errors in hospitals (IOM, 2000).

More recently, Dr. James John (2013) released an updated analysis of deaths caused by medical errors; the findings reflected up to 400,000 premature deaths per year were associated with preventable harm to patients. His analysis attributed premature deaths to 1) errors of commission, 2) errors of omission, 3) errors of communication, 4) errors of context, and 5) diagnostic errors.

Joanne Disch, RN, a professor at the University of Minnesota School of Nursing, who spoke before congress regarding this issue, stated, "It's not just the 1,000 deaths per day that should be huge cause for alarm. There's also the 10,000 serious

complications cases resulting from medical errors that occur each day" (as cited in McCann, 2014, para. 7). According to the Joint Commission Center for Transforming Health Care (2014), approximately 80% of serious medical errors occur because of miscommunication between health care staff.

In fact, in a study conducted in 2013, researchers reviewed 15 different studies regarding the impact that interprofessional education had on the field of health care. Seven studies showed that interprofessionalism had positive outcomes in diabetes education, emergency department culture, patient satisfaction, reduction of clinical error, collaborative team behavior, and management of patient care; although more research is needed, the review suggested a relationship between interprofessionalism and health care errors (Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013)

In 2009, representatives from six national health profession associations (the panel) convened to develop the groundwork for collaboration and cooperation among health care professions. It was determined, this collaboration and cooperation should begin at an educational level, and was referred to as interprofessional education. In 2010, a panel was convened with experts representing dentistry, medicine, nursing, public health, pharmacy, and osteopathy medicine. This panel developed core competencies that every health professional student should be graduating with a minimum proficiency. These recommended competencies are available on all six national associations' websites (American Dental Education Association, Commission on Dental Accreditation, The American Association of Colleges of Nursing, The Association of American Medical Colleges (AAMC), The Accreditation Council on Graduate Medical Education (ACGME) and Association of Schools of Public Health) (Schmitt, Blue, Aschenbrener, & Viggiano, 2011).

Interprofessional Education

IPE is used in all learning academic and work based settings before and after graduation from an academic institution (Centre for the Advancement of Interprofessional Education [CAIPE], 2016). In 2002, the Centre for the Advancement of Interprofessional Education (CAIPE) defined IPE as "two or more professions learn with, from and about each other to improve collaboration and the quality of care" (para. 1). IPE is rooted in the idea that "if individuals from different professions learn together they and their agencies will work better together, improving care and the delivery of service" (Hammick, Freeth, Koppel, Reeves, & Barr, 2007, p. 735). It is a means to improve collaboration, interdisciplinary work, and quality of patient care with the emphasis on multiprofessional learning (Hammick et al.). IPE "demands an interactive element in the learning experience" (Hammick et al., 2007, p. 736) that will take learners beyond shared listening (e.g., listening to lectures side by side each other) with the premise to contribute to collaborative practice and better care.

Representatives from the six health profession associations identified and defined four interprofessional core competencies that would help health professionals work with fellow professionals, patients, families, and communities. These four core competencies aligned with the IOM's five core competencies for professionals: patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics (Greiner & Knebel, 2003). In addition, it was expressed that all gradu-

ating health professionals should have a minimum knowledge and application for each interprofessional core competency, and that this knowledge and application should be captured through behavior-based objectives, which are measurable and specific (Schmitt et al., 2011). The four interprofessional core competencies and accompanying statements include:

1. **Values/ethics for interprofessional practice.** Work with individuals of other professions to maintain a climate of mutual respect and shared values.
2. **Roles/responsibilities.** Use the knowledge of one's own role and other professions' roles to appropriately assess and address the health care needs of the patients and populations served.
3. **Interprofessional communication**. Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and treatment of disease.
4. **Teams and teamwork.** Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective and equitable. (Schmitt et al., 2011)

Therapeutic recreation (TR) professionals can prove to be highly influential in interprofessionalism. The opportunities for interprofessionalism education are possible with the number of therapeutic recreation/recreational therapy (TR/RT) programs being administratively located with other health professional educational programs. Moreover, the opportunities for interprofessional collaboration are abundant as professionals work with teams of health professionals who are focused on patient-centered care. The recreational therapist has opportunities to unify and align the treatment plan for the benefit of the patient because of the interaction with other treatment team members and the involvement with the patient and their caregiver(s). This collaborative mindset can be influenced and strengthened through IPE. IPE is more than exposing TR/RT students to an educator from another profession or just working side by side with another discipline. It becomes important that IPE goes beyond shared listening to shared and integrative learning. However, as Hays (2013) contends, "such a broad definition [of interprofessional education] leads to many different interpretations about how to conduct interprofessional education, so practices vary considerably" (p. 339).

The following sections highlight different interprofessional education and practice experiences currently occurring within recreational therapy across North America. As one will identify, not one educational experience or practice is the same; however all inherently address the core interprofessional competencies. The first summary highlights the opportunities available for therapeutic recreation students through the Centre for Collaborative Health Professional Education at Memorial University in Canada. Students are encouraged to participate in interprofessional modules that will enhance their learning in team functioning, interprofessional communication, interprofessional conflict resolution, and enhancing team collaboration–transition to practice. The second summary explores IPE provided by the University of New Hampshire, which is rooted in the idea that gerontological issues are not unique to one health

care discipline, or even health care in general. Since 2012, educators have facilitated IPE and collaboration through the development and production of a health fair. The final summary explores The Arizona State University Collaboratory on Central at the Westward Ho, which is a teaching, research, and health and social service delivery clinic. Established in 2014, students are provided with hands-on learning experiences as tenants of the Westward Ho are provided with services. The unique delivery formats of IPE are highlighted through each of the summaries.

IPE at Memorial University

IPE has been identified as a crucial factor in the education of students who expect to be employed in the health care field upon graduation. Memorial University delivers IPE to students in medicine, pharmacy, nursing, social work, clinical psychology, police studies, and human kinetics and recreation. Within the School of Human Kinetics and Recreation (SHKR), both kinesiology and TR students are invited to participate in IPE offered through the Centre for Collaborative Health Professional Education (CCHPE).[1] Until recently, all TR students were required to participate in one IPE module that focused on professionalism. Under the older delivery methods, this was the only module that fit with the TR curriculum and schedule. The delivery of IPE at Memorial has recently undergone a number of changes, and while it is no longer possible to link a specific module to a TR course, many of the TR students are still taking advantage of the interprofessional skills and training opportunities available.

[1]For more information about the Centre and IPE at Memorial see http://www.med.mun.ca/CCHPE/Home.aspx

Traditionally, CCHPE offered a number of modules focusing on various topics related to IPE, and students participated in these modules at varying times during the course of their studies. Recently, there have been major modifications made to the offerings to better educate students on interprofessional issues. TR students are invited to participate in their second year of the program. If they choose to participate, they are expected to commit to a small group that will meet in the fall and winter semesters over 2 years. These groups meet for eight 3-hour sessions over the 2-year period. This enables groups to create meaningful interprofessional relationships in a supportive environment. Where possible the same facilitator works with the group throughout the two years to further enhance the group learning experience.

There are four distinct content areas covered over the 2 years. These include (1) team functioning, (2) interprofessional communication, (3) interprofessional conflict resolution, and (4) enhancing team collaboration––transition to practice. Woven throughout these sessions are topics such as patient safety, cultural sensitivity, vulnerable patient populations, and stigmatization based on personal values and biases. Students engage in a variety of reflections and interactive, case-based blended learning activities primarily aimed at enhancing their skills in collaboration, communication, and conflict management. Information related to all sessions is shared with students through the D2L learning management system used at Memorial. Faculty members and clinical practitioners from each of the units involved are responsible for designing, delivering, and evaluating IPE series. This ensures that each discipline is represented as the learning activities are being selected.

Each of the four sessions noted above requires students to engage in a variety of tasks individually as well as within their groups. For example, in the Conflict Management series, students are required to complete the "What is Your Conflict Management Style" and the "Assessing Emotions Scale" before coming to the first working session so they are ready to discuss what their results mean with their group. Upon arrival for the session, all groups come together to view a video depicting a conflict of an eating disorder treatment team. Students then break into small groups to identify the sources of conflict as well as the behaviours that escalate and de-escalate conflict. In the second half of the session, students are assigned a case study describing an interprofessional conflict and again in their small groups they are asked to consider how they might be able to use their conflict management style in dealing with a similar situation. Finally, students are asked to rate their own role in their small group as well as provide feedback to one of their peers. The student is informed prior to the start of the session through D2L which peer they will be evaluating. Once the session is over, students are required to submit a reflective journal entry outlining (1) their score on the "What is Your Conflict Management Style" including their own interpretation of the results, (2) their score on the "Assessing Emotions Scale" and results, and (3) an overview of their own self-evaluation and their results from their peer evaluation.

TR students who participate in interprofessional training have reported high levels of satisfaction from their involvement. Students welcome the opportunity to work with students from other professions because many of the other students are not familiar with the role of TR. As a result, TR students see their participation as an important way to educate others about their profession. Additionally, there is a benefit when graduates enter the health care field because they have been exposed to a variety of issues they may face working as part of interprofessional teams.

In addition to IPE as described above, TR students are also exposed to practice issues during their internship. All TR students seeking certification complete the required 14-week full-time internship. While not a specific requirement, the academic supervisor and the clinical supervisor are making a stronger effort to ensure that students are given the opportunity to engage in interprofessional opportunities during the internship. Where appropriate, students from different disciplines doing clinical placements at the same time are encouraged to spend time with one another and observe practices other than just their own practice. Additionally, students engage in interprofessional team meetings as required by the supervisor the student is working under. Upon completion of the internship, students have one final academic semester where interprofessionalism is a heavy focus in the capstone senior seminar course. All of these strategies are meant to improve students understanding of interprofessional collaboration in health care delivery. Further, TR involvement in IPE at the university ensures new practitioners will have a better understanding of TR.

In the province of Newfoundland and Labrador (NL), TR was first seen in the 1970s primarily in hospitals and long term care, and was predominantly a diversional practice. The first certified therapeutic recreation specialist (CTRS) was employed in long-term care in 1998, and the second CTRS to be employed in the

province occurred in 2008; thus, TR as a clinical practice is a much newer concept (Sullivan, 2015). As such, many health care workers are not familiar with TR as part of an interprofessional team. Having TR students participate in IPE at Memorial is critical if TR is to be better understood in health care in NL. The advancement of the profession depends not only on TR practitioners who can contribute to interprofessional teams but also to students understanding how they can contribute to the treatment of patients being cared for by IP teams.

As identified within this summary, IPE is occurring beyond shared listening but working through case studies or scenarios to develop a collaborative and unified way to address what occurred within the module. This learning not only exposes students to different disciplines but also to different ways to view and solve issues that may arise during practice. In the next summary, students with a shared goal are placed in collaborative teams to develop a program.

IPE at University New Hampshire

Interprofessional education requires extensive collaboration. Effective collaboration relies on a shared understanding of (a) the purpose (why are we doing this?), (b) the role expectations among the collaborators (who are the people we are working with?), (c) the reason for working together (what are we attempting to accomplish?), (d) an underlying commitment to see the project through (through what means or resources are we going to accomplish this?), and (e) collaborators actually carrying out the tasks to advance the project. Readers may recognize this as the foundation of the Drexler/Sibbet Team Performance Model®(Cotton & Fox, 2011). Interprofessional education may take on many forms; having a grounded and sound framework of operation enhances opportunities for successful collaboration.

Building upon the framework provided by the collaboration model above, University of New Hampshire (UNH) College of Health and Human Services (CHHS) students, faculty, and University Center staff offer the annual Age of Champions Health Fair. The event, initiated in the fall of 2012 by UNH's Center on Aging and Community Living (CACL), brings together stakeholders interested in the promotion of healthy living and wellbeing among the older adult population. Attempting to address the varied needs, wants, and potential among older adults is, by its very nature, interdisciplinary. Gerontological issues cut across all disciplines (even those disciplines outside the health care arena). Addressing the promises and challenges of serving the older adult population offers fertile ground to promote cross-disciplinary engagement.

The event comprises multiple constituents, both within the University and the greater New Hampshire community, who interact with and/or serve the older adult population. While the event targets the participation of community-dwelling older adults, it also promotes a cross-generational interest in the issues of growing older. Attendees range in age from 5 to over 95. In addition to the multiple student groups, several area vendors are invited to participate (e.g., AARP, ServiceLink, Alzheimer's Association). The Fair also showcases the latest aging-oriented research being conducted by students and faculty from a variety of disciplines. As the event flows, participants may engage with noted speakers, visit with researchers on new developments, participate in various assessments conducted by students related to health and wellbeing

(e.g., balance testing, leisure assessments, and basic health screenings), and obtain information and resources for engaging in healthy living.[2]

In this event, the responsibility for driving interprofessional participation is spearheaded by the students in the Department of Recreation Management and Policy (RMP) in CHHS. RMP students create teams within the framework of the course RMP 705/805: Management and Policy in Therapeutic Recreation. They must utilize their teams to effect the following outcomes: (1) identify and recruit students from multiple disciplines interested in promoting their area of expertise as it relates to serving older adults; (2) identify and recruit student and faculty researchers to showcase their work; (3) identify and recruit community vendors appropriate for the event; and, (4) craft and disseminate promotional and marketing materials using messaging that imparts inclusivity of all ages, all disciplines, and celebrates and promotes the aging experience. Students are supported by key faculty members as well as staff members from CACL. This experience inculcates the students into the myriad challenges, as well as rewards, of an interprofessional approach to addressing a critical societal need.

During this IPE, students are challenged with planning for a community event. They are provided with actual work experiences they may face when they become employed. It takes collaboration beyond problem-solving and decision-making case scenarios to a real life experience. The next summary highlights an extensive IPE opportunity.

[2]For additional details on the Age of Champions Health Fair the reader may visit http://chhs.unh.edu/article/2016/04/age-champions-health-fair.

Interprofessional Practice Initiatives at Arizona State University

The Arizona State University Collaboratory on Central at the Westward Ho is a teaching, research, and health and social service delivery clinic located in 15,000 square feet of space on the ground floor of a 16-story Phoenix landmark building. The Hotel Westward Ho was built in 1928 and was one of the Valley's premier destinations and tourist attractions until 1980, when it was converted to a low-income housing unit. The Collaboratory is the outcome of an innovative partnership established in 2014 between Arizona State University and the owners of the Westward Ho apartment building connecting tenants to services while providing students with hands-on educational experiences. Recognizing the complexity of the community's health and wellness needs, the Collaboratory engages students and faculty from diverse programs to learn, research and serve collaboratively. From the very beginnings of the program, faculty from nursing, social work, nutrition, and recreation therapy provided numerous interprofessional educational experiences offering health, social, and recreation services for tenants including health checks, first aid care, health and leisure education, counseling, referral, and therapeutic interventions. Such services were provided throughout the renovation and construction phase of the Collaboratory using temporary space generously provided by Westward Ho ownership. During that time the core clinical team met monthly to outline and coordinate the structure and content of the shared opportunities to provide meaningful services to improve the health and wellness of the individuals living in the low income housing community. Members of the core clinical team included a clinical professor/registered nurse (RN), an associate

professor/master of social work (MSW), an instructor/registered dietician (RD), and associate instructional professional/certified therapeutic recreation specialist (CTRS).

The shared opportunities among the students involve participation in structured interprofessional curriculum, development, and implementation of an interprofessional assessment process, collaboration with tenant goal development, and cooperatively implementing services. With the opening of the Collaboratory at the Westward Ho in the fall of 2016, the interprofessional collaboration continues to grow not only in scope, with the inclusion of additional academic disciplines such as occupational therapy and behavioral health, but with intensity of service by providing continuous and diverse interprofessional service experiences for students that have a significant impact on the health and educational interests and needs of individuals living in the community. Student learning objectives are twofold: 1) develop interprofessional skills for effective team collaboration and 2) gain proficiency in profession-specific skills. The interprofessional educational competencies emphasized at the Collaboratory and the specific Recreation Therapy educational opportunities are outlined below.

Interprofessional Education

Students' interprofessional learning experiences are guided by competencies developed by the Interprofessional Education Collaborative (IPEC) (2016),[3] and emphasize mastery of the following subcompetencies within each of the four core interprofessional competencies:

1. Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)
    a. Place the interests of patients and populations at the center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
    b. Respect the unique cultures, values, role/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
    c. Develop a trusting relationship with clients/patients and other team members.
    d. Develop high standards of ethical conduct and quality of care in one's contributions to team-based care.
2. Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)
    a. Communicate one's roles and responsibilities clearly to clients/patients, families, community members, and other professionals.
    b. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and health care needs of patients and populations.
    c. Engage in continuous professional and interprofessional

[3]For more information regarding interprofessional education collaborative see https://ipecollaborative.org

development to enhance team performance and collaboration.

3. Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)
   a. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
   b. Express one's knowledge and opinions to team members involved in client/patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions and population health programs and policies.
   c. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
   d. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.
4. Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork)
   a. Describe the process of team development and the roles and practices of effective teams.
   b. Engage health and other professionals in shared client/patient-centered and population-focused problem-solving.
   c. Apply leadership practices that support collaborative practice and team effectiveness.
   d. Use process improvement strategies to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.
   e. Perform effectively on teams and in different team roles in a variety of settings.

Recreation Therapy Education

Students develop profession specific skills through several learning opportunities at the Collaboratory on Central at the Westward Ho to include 1) special projects associated with a variety of courses, 2) practicum experiences, and 3) enrollment in the Therapeutic Recreation and Community Health course. Each of these learning opportunities are guided and instructed by RT faculty and/or the faculty working with the interprofessional clinical team at the Collaboratory on Central at the Westward Ho.

Special projects. RT students complete course projects under the supervision of RT faculty. Through these projects, students gain exposure to interprofessional practice in an independent and subsidized housing community. These individualized or small group projects provide students and tenants with a mutually beneficial opportunity to engage in RT services in collaboration with other health services students. The projects vary in subject and scope such as planning and implementing special

events, educational programs, assessments of leisure functioning, therapeutic interventions, and evaluations. For example, each semester, students in the program planning course plan an end of the semester special event at the Westward Ho that nurtures the sense of community among all tenants and students through an event that is fun, social, and meaningful by providing healthy food, personal care services, physical activity, music and creative arts.

Recreation Therapy Practicum

The RT practicum offers an opportunity for students to apply concepts and theories learned in coursework and assess career opportunities working with individuals living in the community with chronic health conditions. It includes both a work and an academic component. The work component is arranged between the student and the supervising faculty member on site at the Collaboratory on Central at the Westward Ho (40 to 50 hours per credit hour). Generally, students will work 8 to 10 hours per week at the Collaboratory at the Westward Ho during a 15-week semester. The academic component involves participation in the interprofessional education sessions and course assignments involve collaborative planning and implementation of interventions. Leisure education, reminiscing, grief processing through creative arts, self-expression through music, morning coffee and talk, and a walking program are among the groups implemented jointly with the different disciplines.

Therapeutic Recreation and Community Health

The course is open to undergraduate and graduate students from all disciplines who are interested in gaining an in-depth understanding of the functional limitations experienced by older adults and individuals living with chronic illness or disability. The theories and models of leisure education are studied and applied through the provision of TR. The interprofessional course combines field exposure and classroom instruction to maximize understanding and skill mastery for assessing, planning, and facilitating services to prevent and remedy health and social problems experienced by individuals living in independent and subsidized community housing. Students conduct interprofessional and RT assessments and evaluations, plan services based on the needs and interests of tenants, develop a calendar of programs, promote programs to tenants, and implement therapeutic activities. Examples include leisure education, games, horticulture, adapted yoga, dancing, reminiscing, cognitive stimulation, community integration, special events, creative arts, and cooking. While incorporating the IPEC competencies, the RT learning outcomes for all recreation therapy learning experiences are guided by the American Therapeutic Recreation Association Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice, revised 2008 (ATRA, 2008).

Conclusion

A team approach to treatment provides the patient with care needed to recover or rehabilitate from illness or a disabling condition. For services to be effective an interprofessional approach to collaboration may be needed (D'Amour, Ferrada-Videla, San Martin Rodrigues, & Beaulieu, 2005). TR/RT professional pratices involve working in a collective and collaborative environment that relies on extensive interaction and communica-

tion with other health care professionals. The collective environment is conducive to collaborative work with others: "The term collaboration conveys the idea of sharing and implies collective action oriented toward a common goal, in a spirit of harmony and trust, particularly in the context of health professionals" (D' Amour et al., p. 116). The TR/RT students from Memorial University, UNH, and ASU are placed in learning opportunities that will assist in their knowledge of other disciplines and their skill development as members of collaborative teams. The article immediately following, presents a summary of an IPE project involving the design, implementation, and evaluation of an after-school program for youth at risk, which also emphasizes collaboration among disciplines. In all these examples, TR/RT educators are teaching students to be collaborative. D' Amour and colleagues (2005) contend that

> we have limited understanding of the complexity of relationships between professionals (in this case health professionals) who, throughout their education, are socialized to adopt a discipline-based vision of their clientele and the services they offer. Each discipline develops strong theoretical and discipline-based frameworks that give access to professional jurisdictions that are often rigidly circumscribed. This constitutes the essence of the professional system. Collaboration requires making changes to this paradigm and implementing a logic of collaboration rather than a logic of competition a need for IPE. (p. 117)

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