Spring 2023

BOSSIER PARISH COMMUNITY COLLEGE PTA PROGRAM

Clinical Newsletter

CAPTE On-Site Visit Scheduled for Spring 2023

Ten years have passed so quickly, but it is once again time for the BPCC PTA program to host a team from CAPTE for an on-site accreditation visit. BPCC was first accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE) in 1998, and again in 2003 and 2012. This fourth accrediting team visit is scheduled for **April 23-26, 2023**.

CAPTE sets the standards for entry-level PTA programs designed to reflect contemporary practice. These standards encourage consistency among education programs while promoting a culture of ongoing assessment, innovation and improvement. While on campus, the team will visit with faculty, administration and all areas of student services. Also on the team's agenda will be gathering feedback from parties of interest including: clinical instructors, graduates, currently enrolled students, and employers. Those with knowledge of BPCC PTA student/graduate performance are encouraged to be available and share information at the different meetings that will be scheduled on campus during this time. Meeting times will be communicated via email/phone calls and open invitations on the Program website and Facebook page.

All interested parties are invited to participate in the meetings during the visit!

Top 5 Qualities of a "Great" Clinical Instructor:

Based on years of student feedback, this "top 5" list includes those behaviors and skills that students perceive as defining a "great" clinical instructor. All CI's, whether experienced or new to student supervision, can benefit from self-assessing their strengths/weaknesses in these 5 areas:

#5— "**Made the expectations very clear**". It can be very confusing for a student to jump from one rotation/setting to another. Expectations regarding the student's role in patient care can vary widely. A CI who (a) is familiar with Program expectations for the experience and (b) verbalizes on day 1 to the student what they anticipate in terms of level of independence and progression toward independent function is laying the groundwork for a "great" clinical rotation.

#4— "**Modeled ethical/professional behavior** ". Students are expected and required to demonstrate affective skills consistent with being a "professional" and they really notice and appreciate it when clinical instructors actively work to role-model those professional behaviors. CI's who, for example, point out the ethical importance of accurate billing and documentation, who manage to avoid inappropriate conversations about patients/staff/former students , who show strong work ethic, and who are passionate about their profession and the quality of their patient care get high marks from students.

3—"**Gave me a lot of feedback**". Students thrive on and grow from feedback that is (a) regular/frequent (b) is constructive and non-judgmental and (c) is delivered in private. One good technique to incorporate (using these above guidelines) is to share with the student following each patient interaction or treatment session what was good and what you might have done differently that may have been more effective or efficient.

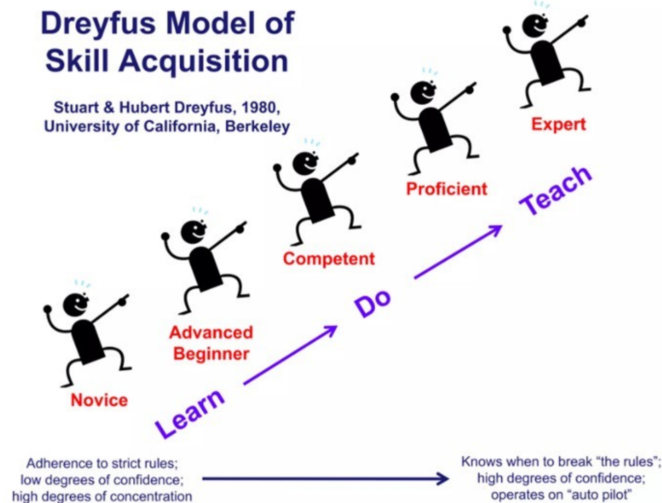
#2— "**Challenged me to think critically**". The ultimate goal of clinical education is to teach a student how to "pull together" information and see the "big picture". CI's who ask students to look at a POC and come up with interventions, brainstorm when and how to progress a patient, or give rationales for decisions related to patient care are helping students achieve this goal. Additionally, students really like CI's who "think out loud" as they review exam findings, write goals, or modify a POC, modeling this critical thinking process.

#1—"**Was non-threatening**". The process of learning will always include making mistakes and answering questions incorrectly. A "great" clinical instructor understands that a student's natural tendency is to "feel dumb" and he/she works to take the pressure off—to encourage learning from mistakes without anxiety or fear of embarrassment.

From Novice to Expert— The Dreyfus Model of Skill Development

The Dreyfus model originally developed to address skill acquisition in fighter pilots but since used in many industry, educational, and clinical/ healthcare settings, describes the stages through which learners pass toward mastery of new skills.

This framework is a tool that can be useful to CI's in "diagnosing" where a student is along the continuum and then tailoring learning experiences to support the student where they are and facilitate movement into the next level.



NOVICE: The student is very rule and fact driven and has little ability to filter or prioritize information (every piece of information about a patient/eval/ treatment session seems equally important).

Implications for teaching/learning at this stage: Teachers can help learners by pointing out MEANINGFUL information from the patient's presentation, evaluation, etc and identifying the information that was LESS important/irrelevant. They can highlight the key features that drive his/her decision making (what subjective statement today made you decide to change your treatment plan?). They can encourage the student to read about similar diagnoses, tests, etc so they can learn to COMPARE AND CONTRAST similarities and differences.

ADVANCED BEGINNER: The student can use analytical reasoning to sort the relevance of information based on past experience. They are beginning to use pattern recognition and see the patient as a "whole"

Implications for teaching/learning at this stage: Exposure to QUANTITY of patients is key so that the learner can building a bank of experiences that help him/her to make decisions. In selecting patients for your student to work with, it's best to work from the COMMON to the uncommon (let them start with exposure to the more "typical" patient and build to the more unusual cases). Help the learner qualify the information they gather (for example seeing that not all "pain" is the same). If the opportunity permits letting the student work with a "coach" aka "near peer" is helpful as an experienced clinician (like a CI) can rely on intuition and therefore have trouble understanding why/where the student is having difficulty.

COMPETENT: By this stage the student is more easily seeing the "big picture" and is taking more responsibility for outcomes. They are still relying primarily on analytical reasoning and haven't become fully comfortable with the notion that there is not always a rule for every clinical situation that can be used. They are beginning to understand the necessity for and risk associated with making decisions that have unknown outcomes

Implications for teaching/ learning at this stage: Teachers need to balance supervision with autonomy in decision making and hold learners accountable for those decision. Think about "asking" your student what to do next instead of "telling" them what to do followed by self-reflection on the outcomes of those decisions and what to consider changing in the future to achieve a different outcome.

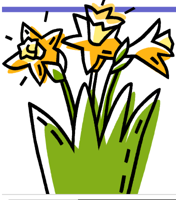
PROFICIENT TO EXPERT: Moving through these stages a student (or new grad clinician) comes to rely on patterns and intuition and not just clinical reasoning. He/she is able to adjust decision making based on situation and has a comfort level with anticipating outcomes built on a foundation of experience with similar cases. The danger to the expert is that the ease of responding to the majority of clinical encounters can foster complacency.

Implications for teaching/ learning at this stage: The key here is to keep the expert challenged. They need ongoing experience and exposure to interesting and complex cases. Ideally the expert should be apprenticed to a "Master" who models the skills of reflective practitioner who is committed to lifelong learning.

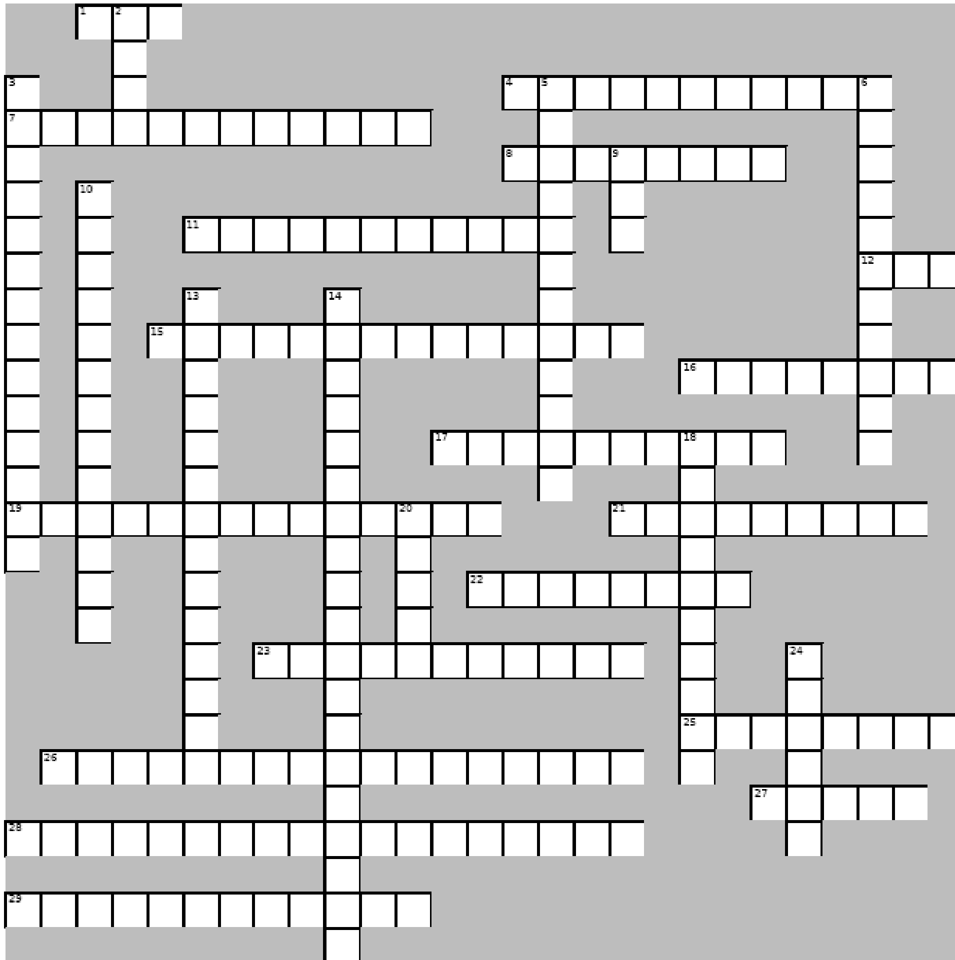
This article based in part on information from:

Carraccio, Carol L. MD, MA; Benson, Bradley J. MD; Nixon, L James MD; Derstine, Pamela L. PhD. From the Educational Bench to the Clinical Bedside: Translating the Dreyfus Developmental Model to the Learning of Clinical Skills. Academic Medicine 83(8):p 761-767, August 2008. |

Spring Crossword Puzzle



Hey Clinical Instructors!! Try this crossword just for fun but also to get an idea of what didactic content BPCC PTA students are covering during the spring semester of the PTA Program. Challenge your PT & PTA co-workers to brush the brain cobwebs off of some of this information to help you finish the puzzle! Then feel free to quiz your spring PTA students about these subjects too!!



Down

2. primitive reflex in which the stimulus is sudden change of head position and the response is ext/abd of UE's and crying followed by hands across chest
3. other name for "heel off" in the gait cycle using Rancho Los Amigos terminology
5. location of the cell body of lower motor neurons
6. in the Nagi model of disability what decreased joint range of motion would be considered
9. abbreviation for disease that is the most common cause of lower extremity amputations
10. an incomplete lesion in which some of the innermost tracts of the spinal cord remain innervated.
13. separation of the rectus abdominis muscle along the linea alba that can occur during pregnancy
14. stage II of the Rancho Los Amigos levels of cognitive function for TBI patients in which patient reacts inconsistently and non-purposefully to stimuli.
18. cranial nerve responsible for motor input to the muscles of mastication and sensation from the face
20. open chain dynamic upper extremity movements would work on this level of motor control

Across

1. abbreviation for type of AFO that controls for IV/EV, but allows normal DF/PF
4. fold of dura mater separating the superior aspects of the left and right hemispheres of the brain
7. type of prosthetic shank consisting of a central aluminum pylon covered by a soft foam rubber
8. one type of gait pattern caused by paralysis of dorsiflexors
11. category of antihypertensive drug that works by decreasing heart rate and contractility. Tenormin and Lopressor are examples.
12. abbreviation for a type of HKAFO that uses a cable system to assist with the advancement of the LE's during gait
15. artery most frequently occluded as a result of cerebrovascular disease
16. syndrome of adrenal dysfunction producing excessive cortisol and resulting in a "moon shaped" face and a "buffalo hump"
17. type of TLSO used with scoliosis and worn at night - also referred to as the "bending" brace or noctural brace
19. largest white matter (tract) connecting the left and right hemisphere
21. minimum width of a doorway in inches according to ADA accessibility requirements
22. a FIM score of "6" indicates that a patient is ___________ independent
23. total volume of air inspired and expired during quiet breathing
25. ethical principle requiring that the wishes of competent individuals be honored - can also be referred to as self-determination
26. disorder caused by demyelination of nerves in the brain and spinal cord
27. as opposed to "nominal" or "ordinal", measurement scale in which intervals between adjacent values are equal and there is a true zero (such as ROM or distance walked)
28. mechanoreceptors found in skin, bones and joints that detect vibration
29. a PNF technique involving slow and resisted concentric contractions of agonists and antagonists around a joint without a rest in between.

It's About You!

BOSSIER PARISH COMMUNITY COLLEGE

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PTA PROGRAM UPDATE—SPRING 2023

Just some of the activities BPCC PTA students have participated in include:

Left: BPCC PTA students help decorate for and volunteer during the BPCC Christmas Show each year! This year's event had a theme of "Into the Wild Blue Christmas" celebrating our local Barksdale Air force Base service men and women.

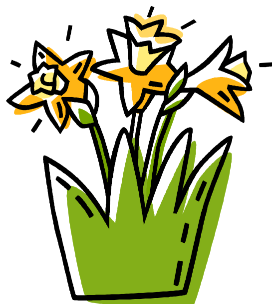
Right: Ron Payne, PTA from Melanie Massey Physical Therapy provided a guest lecture on pediatric therapy AND demonstrated therapy interventions with several amazing little helpers!

Way to Go!!

The BPCC PTA Program is very fortunate to have a large community of skilled and dedicated clinical instructors who not only model excellent technical skills but who also devote time to and energy to *teaching*. PTA students are asked to give feedback to the question "**What did your CI do well to facilitate learning?**" at the end of each rotation — See just *some* of the great things our CI's are out there doing!!

"My CI had a check list of skills she expected me to practice throughout the rotation. After each treatment, we had a brief conversation about things I could have done differently or things I did well. She let me sit in on face to face conferences with the PT in the beginning and then progress to completing those face to face meetings/ communicating with the PT independently the remainder of the rotation."

Re: Leslie Postles, PTA
Willis Knighton Health System



"We would meet every day to discuss what I felt were the 3 positives and the 3 negatives from the day, and she would give me constructive feedback on what I did well/what I could improve on. She would frequently ask me questions about why I chose certain exercises or forms of treatment for certain patients, which helped me with my clinical reasoning. I was given research articles to read or certain topics (diagnoses, exercises, protocols, etc.) to research on my own, and we would talk about them the next day.I learned SO MUCH on this rotation!"

Re: Erica Boyd, PTA
Shreveport Aquatic and Land Therapies

"She really encouraged me to think of new interventions for patients and for how to progress or regress exercises daily. Even when I didn't know the answer to those questions, she was good at making me think and then sharing her rationale for exercise selection. She also tried to give me a wide variety of patients during my experience (CVA, Parkinson's, TKR/ THR, CABG, etc) to make sure I got as much practice as possible."

Re: Elizabeth White, PT
Ruston Regional Specialty Hospital

"Ashley is incredibly gifted with how she educates and communicates with her patients if they had questions regarding their treatment or diagnosis. Watching her daily patient interaction was in itself the most beneficial aspect about my time as her student. She recognized my communication style, learning style, strengths, and weaknesses and provided a variety of patients that challenged me daily. LOVED her teaching style!"

Re: Ashley McCollough, PT
Fultz Physical Therapy

"Carson encouraged me to do my own research on diagnoses and interventions. He also regularly quizzed me on my knowledge of anatomy. He allowed me to analyze and assess evaluations of patients before we began treatment, when time allowed which really helped with my critical thinking."

Re: Carson Kolbenschlag, PTA
LSU Health Faculty Clinic