

Spring 2022



BOSSIER PARISH COMMUNITY COLLEGE PTA PROGRAM

Clinical Newsletter

BPCC SIM Lab use continues to grow!

BPCC PTA Students participate in simulated patient care as an integral part of the program's curriculum. Students experience both live and virtual simulation experiences.

The Simulations Lab at BPCC consists of an entire wing of the Nursing building including a 4 bed

med/surg critical care unit, 3 private treatment rooms, nurses station and supply rooms, a patient apartment that can serve simulations for

home health, rehab or nursing home and two additional classrooms equipped with multiple patient beds that can be used for acute scenarios. Faculty include the use of high-tech digital Manikins that can be controlled with a computer to present medically complex cases, and also collaborate with nursing students posing as "live" patients.

This year we are proud to have added a second form of simulation to the curriculum: SIMUCASE virtual simulations. This platform is a one-year subscription to the SIMUCASE.com platform and is provided to students during the Fall semester and used throughout the program.



SIMUCASE provides opportunity for students to become proficient with: reviewing medical records; interpreting the PT plan of care and goals; Interpersonal communication; choosing and administering assessments; collaboration with other healthcare providers; problem solving to determine the correct course of treatment session; summarizing patient progress; as well as billing and documentation.



Simulation is a valuable part of the BPCC PTA Program because it provides an avenue for application of the training we provide in class/lab that allows students to make mistakes in a realistic, but safe environment and receive the feedback needed to shape future decisions. It creates familiarity and builds confidence with patient care. The feedback from students

has been positive and we can't wait to see how it impacts their clinical performance!

Laura Bryant, PT, MED
BPCC PTA Program Director

Clinical Teaching in a Busy Practice—The “Microskills” Framework

A PT or PTA who has agreed to serve as a clinical instructor commonly has 2 main concerns: (1) how to “fit” teaching into an already busy clinical day and (2) how to “structure” the experience so that the student gets the most out of it.

The “Microskills” framework is a tool that can be useful to CI’s in structuring a single patient encounter or an entire clinical experience to facilitate maximal learning while maintaining clinical efficiency.

Step 1: Set Goals and Expectations. For example on the first day of the clinical experience:

“I’m expecting that you will mostly observe for the first day or so and then progress to performing components of patient care. By the end of the rotation I’m expecting that you will be carrying out some measurements, interventions and documentation independently”

And for single patient encounters:

“Since we’ve been working on your communication skills, when Ms. Smith comes for her appointment this afternoon I’m expecting you to take the lead on getting any new subjective information and teaching her the home exercise program”.

Step 2: Get a Commitment. The CI should ask the student *open-ended* questions and try to avoid jumping in too quickly with the answer. These questions usually begin with “What” or “Why”. For example:

“Why do you think the patient had difficulty with the transfer this time?”

“What other exercises could you use to address goal #3 in the POC?”

“What do you find in the patient’s chart review that will influence therapy today?”

For this step to “work” it is VERY important that the learner feel safe enough to risk a commitment (answer) - even if it is wrong.

Step 3: Probe for Supporting Evidence. This step requires the learner to “think out loud”, helping you to identify sources

of confusion or reinforce accurate problem solving. For example:

“Talk me through how you decided to use that transfer technique”

“What kinds of exercises are considered closed chain?”

“What lab values are red-flags during a chart review?”

dent with long lists of criticisms at once. Focus on feedback and practice in one area at a time. For example:

“I’d like for you to work on guarding more closely with gait training—like this. Try that with the patients we see this afternoon.”

Step 6: Teach general rules. These often lead to the best retention and long-term learning. For example:

“Anytime you’ve got a patient with hypertonicity it’s good to start with weight bearing activities with the limb.”

“As a general rule with TKR patients, always document their ROM in your daily note.”

Step 7: Encourage Reflection and Integration. Taking time to “de-brief” at the end of a day or week allows the learner to do some critical thinking and analysis. It also helps in identifying appropriate student goals for the next day/week. This process is best initiated with questions like:

“How did things go today from your perspective?”

“How was today different than what you expected”

“What were you uncomfortable with today that you would like to become better at?”



Step 4: Reinforce what was done well. Actions that are positively reinforced are likely to be repeated. This “praise” should be specific and include ramifications for the future. For example:

“Your positioning of the wheelchair and equipment prior to the transfer was excellent. Checking all of the locks ahead of time really helps ensure patient safety.”

“You did a good job of prioritizing which exercises to use today in light of the patient’s fatigue. It shows that you understand that sometimes you can’t complete all of the exercises listed in the POC.”

Step 5: Correct Mistakes. To make this easier for both the student and the instructor, give the student an opportunity to self-critique a performance first. Give positive feedback when the student identifies and corrects their own mistake. Give feedback that is as specific as possible and try to avoid bombarding the stu-

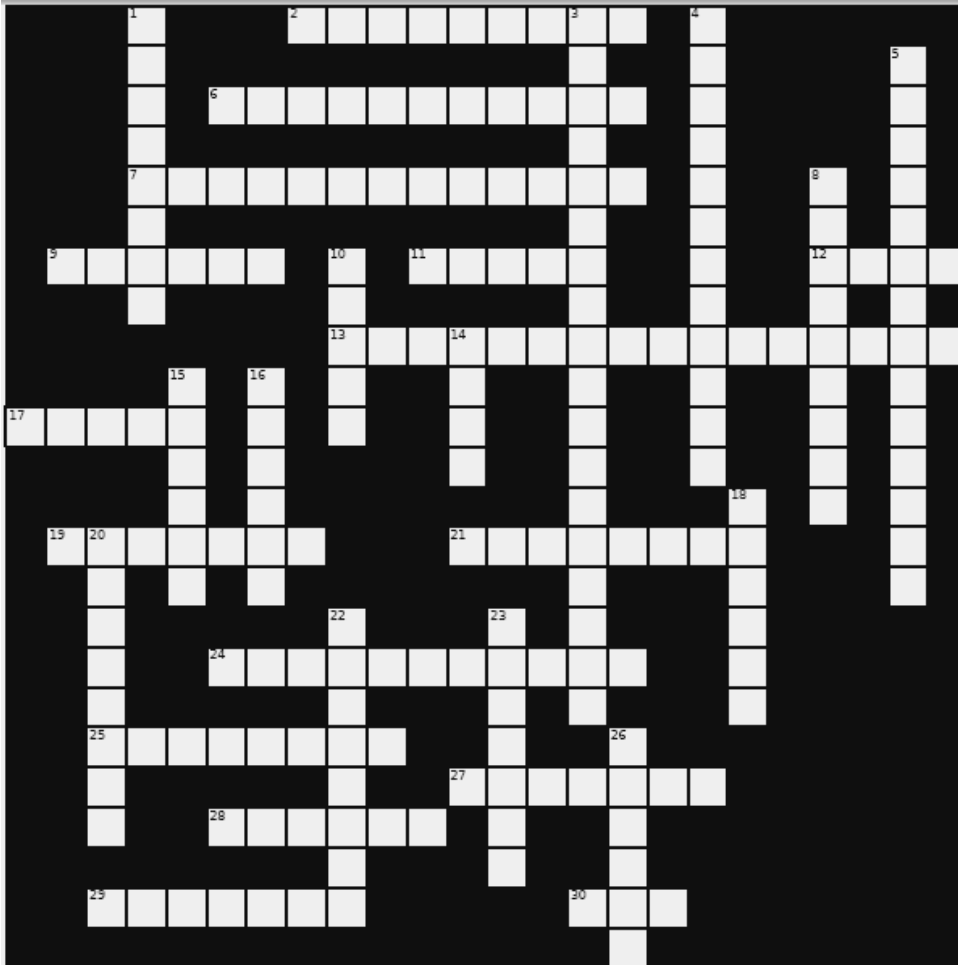
This article based in part on information from:

The Five-Step ‘Microskills’ Model of Clinical Teaching” (Neher, Gordon, Meyer, & Stevens, 1992)

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

1. rising up on the toes of the unaffected LE to "clear" the affected LE during gait
3. weight shifting in sitting would work on this level of motor control
4. the area of the brain rostral to the brain-stem which contains the thalamus
5. genetic disorder affecting the respiratory and GI systems causing barrel chest, productive cough and wheezing.
8. abnormal, involuntary, rhythmic oscillation of the eyes; typically accompanied by vertigo
10. amputation also known as an ankle disarticulation
14. abbreviation for primitive reflex that prepares infants for achieving quadruped but must integrate before the baby can become a mature creeper
15. type of aphasia also known as "motor" or "expressive" aphasia
16. system of the brain responsible for setting the emotional tone and converting events into long term memory
18. presence of this reflex indicates damage to the brain or spinal cord
20. dysfunction of this organ is to blame for type I diabetes
22. neurotransmitter that is deficient in patient's with Parkinson's disease
23. cells in the PNS that make and maintain myelin
26. brace/collar commonly used post trauma or surgery to partially immobilize c-spine

Across

2. point in the gait cycle when the COG oscillates to its "high" point
6. damage to this structure (which is found below L2 in the vertebral canal) results in "lower motor neuron" type LE paralysis
7. gait deviation commonly caused by weakness of the hip abductors
9. type of AFO that allows for a more normal gait pattern than a solid-ankle type
11. transitioning from sitting to standing works on this level of motor control
12. abbreviation for one of the more commonly used prosthetic feet
13. autoimmune disorder affecting the motor end plate causing fluctuating muscle weakness and fatigue
17. in the Kubler-Ross stages of grieving this comes after denial
19. motor planning problem caused by damage to the frontal lobe
21. lobe of the brain involved/damaged with "neglect" syndrome
24. this type of "posturing" is seen with CNS damage and involves UE flexion and LE extension
25. in analyzing a research study, if the results of the study can easily be generalized to the larger population it is said to have good _____ validity.
27. PNF "element" that is used to facilitate a muscle contraction
28. cranial nerve involved with Bell's Palsy
29. a measure of the number of steps taken in a given amount of time (90 steps/minute for example)
30. "strategy" elicited by a challenge to balance when ankle strategy is insufficient



It's About You!

**BOSSIER PARISH COMMUNITY
COLLEGE**

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PTA PROGRAM
UPDATE—SPRING
2022

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



Left: BPCC PTA students on a gait and posture analysis field trip. Red River Revel Fall 2021

Right: BPCC PTA Program students with Ron Payne, PTA from Melanie Massey Physical Therapy. Ron 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 quickly figured out that I am a visual learner so he changed his teaching methods to be more visual so that I could better understand how to do things. He gave a lot of good feedback. He frequently checked in with me throughout the day to make sure I was keeping up/handling my responsibilities well. He always explained things in a way that was on my level and encouraged me to educate patients the same way. He had confidence in me which helped me to have confidence in myself/my abilities.”

Re: Mason McGee PT
Fultz Physical Therapy

“She was extremely thorough in educating me about various diagnoses, lines, lab values, etc. that I was not familiar with. If I had a question that she did not know the answer to, she took the time to research it to find out. She also did a great job of progressing my independence during treatments; she allowed me to observe for the first 1-2 weeks to learn more about the acute setting before gradually allowing me take full control of the treatments; however, if it was a pt/dx I was uncomfortable/unknowledgeable in, she was still near for me to ask questions or take over (if needed). She took time between pt rooms to go over the previous pt's treatment with me to discuss how I would document that info; this was super helpful. She made it very comfortable for me to ask her any/all questions, and she answered them in a way that made me learn the info and also did not make me feel dumb. Her teaching style made for a great rotation!

Re: Kimberly Moore, PTA
Willis Knighton Health System

“I thought it was very beneficial that my CI allowed me to be hands-on with my patients early into the rotation. She was understanding of the learning curve needed for acute care and was always patient/open to any ideas. She often asked the question “What do YOU want to do with this patient?” which allowed me to use my knowledge from school and apply those learned interventions to a real patient (and see success with it!).”

Re: Kelsey Boze, PTA
Ochsner LSU Health



“James was so welcoming he made it easy to ask questions. He allowed ample opportunity to learn and practice new skills. James was open to suggestions which I think shows he is always honing his skills trying to give his patients the best treatment possible. He's a great role model for what a PTA should be!”

Re: James Rhodes, PTA
Tri-State Physical Therapy