

Fall 2020



BOSSIER PARISH COMMUNITY COLLEGE

# PTA Program Clinical Newsletter

## Telehealth Tips for Practice and Student Supervision

As our profession has moved rapidly into the world of telehealth, clinicians and clinical instructors have learned through trial and error the unique challenges that this treatment platform presents and how to face those challenges. These

are valuable lessons that students should additionally be guided through as well during clinical experiences! Here are some tips regarding telehealth in general and regarding supervising a student through the practice of using this method of patient assessment and treatment.

Look for opportunities to share some of these general telehealth tips with your students!



### PREEMPT TECHNICAL DIFFICULTIES

Shut down all non-essential apps and software. Videoconference apps take up a lot of bandwidth and processor power. Closing all applications you don't need during the session can reduce "lag" and cut the risk of crashes.

### ADDRESS THE CHALLENGES

Acknowledge the awkwardness. Let patients know that these kinds of sessions can feel strange. Normalize it and say up front that it's okay if the call cuts out or there's a lag in response time. Make sure to confirm how long they have for the call, so you're not rushing at the end..



### SLOW DOWN

Adjust your pace. Speak slowly and pause more often than you would in person. This helps prevent talking over each other and gives the patient opportunities to stop and ask you to repeat something. Check in much more frequently to make sure they've understood you.

### ASK ABOUT EMOTIONS



Adapt to the lack of non-verbal cues. It can be hard to read body language or facial expressions. You may need to be more direct in asking patients about how they're feeling, not just about how much they've under-

stood.

### WHEN SUPERVISING A STUDENT REMOTELY



Be sure to make a plan ahead of the scheduled session and include ways for the student to "signal" during the session that they need guidance. Consider using a separate messaging system to provide student guidance. It's less distraction to the patient and allows the student to feel more ownership of the session. Mute yourself and "go dark" if possible to allow the patient to focus on just the student. If the student is observing a session that you're leading have them do the same. Take notes during the session on the student's performance but provide your debriefing in-person so that you can see facial expression, body language, etc

### USE STRATEGIC SKILL BUILDING

It's okay to focus on easier skills. Some skills are harder to work on in the telehealth setting. When setting goals for the rotation, consider a focus on more basic competencies, especially for less experienced students.



However, every student is different and some may be ready to work on advanced techniques.

### POSITIVE FEEDBACK



Don't skimp on deserved praise. Telehealth is intimidating and can be difficult even for seasoned clinicians. Help build your students' confidence and make a conscious effort to recognize their successes while you give them feedback for improvement. Remember the extra stress and anxiety in all of our lives right now.

# Collaborative Learning in Clinical Education

*As clinical facilities and instructors begin to resume taking students (following the pause instituted during the pandemic) they are finding that schools are playing “catch-up” with many now in desperate need of placements. Facilities and instructors in response have been stepping up, offering to accept more than 1 student at a time (which the schools GREATLY appreciate!). Here below are some suggestions from a previous newsletter article on activities to facilitate collaborative learning when hosting a student “pair” during a rotation block.*

Having more than 1 clinical student in your facility at the same time can present some challenges, but it is also a wonderful opportunity to use collaborative learning activities! Collaborative learning is particularly valuable in clinical education because PTA students as **adult learners** (see page 2 article) respond well to peer teaching/learning. Consider using some of these ideas with your SPTA/SPTA, SPTA/SOTA, or SPT/SPTA student pairs:

## **Think-Pair-Share**

The clinical instructor poses a question or presents a case study/initial examination to the pair. Students come up with a response and then share it with each other. Students clarify their positions and discuss points of agreement and disagreement.

## **Search-Pair-Share**

Students research a topic identified either by the clinical instructor or by the students related to a clinical case. They compare research findings and provide a summary (informal/verbal or more formally/written/in-service) to clinical instructor or staff.

## **Jigsaw (Reciprocal Teaching)**

The learning activity involves students teaching one another. Students jointly read a text/eval or work on a task. Clinical instructor assigns each student to **be the “expert”** on a component of the reading or task. Students take turns teaching their assigned content area to each other. In their teaching role students lead the discussion, summarize material, ask questions, and clarify material.

## **Think-Aloud Pair Problem Solving (TAPPS)**

The learning activity involves solving problems. Students work in pairs and alternate roles. For each problem one is the solver while the other is the listener. The solver thinks aloud—narrating his/her reasoning process—while solving the problem. The listener prompts the solver to **keep talking** and asks for clarification but does not intervene to help.

The students are prompted to each identify **rationale** for given exercises/interventions, connecting all of the

dots between the initial examination/re-examination findings, diagnosis, stage of injury, goals and plan of care to the use of the given intervention and then compare rationales.

## **Nightmare Scenarios**

One student is prompted to identify a realistic “worse-case scenario” for a particular clinical situation. Student 2 then works to describe the issues to be considered/addressed in handling the scenario and appropriate actions to take.

## **Experience Sharing**

The clinical instructor poses a question or problem. Students are prompted to share **previous experiences** (clinical or other life experiences) with related challenges and compare/contrast those stories.

## **Key Word Flash Cards**

Student 1 is assigned to identify 20 key words/phrases encountered during the day (in PT evals, progress notes, communications with patients, etc.) and create “flash cards” defining the meaning and implication(s) of those key phrases. Examples: “empty endfeel”, “numbness in my foot”, “positive Spurling’s test”. Student 1 then quizzes student 2 using those flashcards.

## **Follow a Process**

Clinical instructor identifies a particular task/technique. Students work together to describe (1) the end-result of the technique (2) the necessary steps required/components of the task and (3) the steps that may not be necessary but may be helpful.

## **Change it 5 ways**

Students are prompted by clinical instructor to brainstorm **5 alternate ways** of working toward the same goal different than the intervention currently being used and different from each other’s ideas. They should then discuss the feasibility, pros/cons and implications of using those alternative interventions.

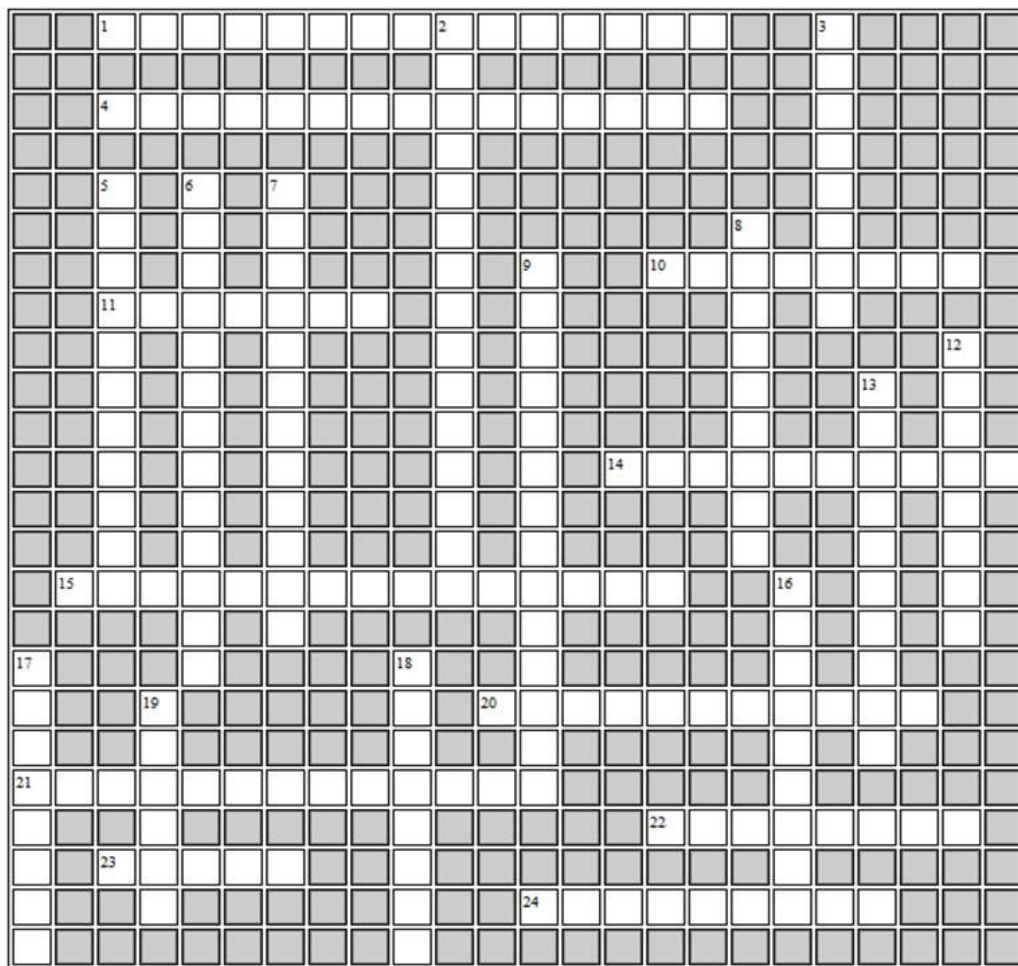
*Article based in part on information from “Cooperative Learning Group Activities for College Courses” by A. McPhearson*



# Fall 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 fall 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 fall PTA students about these subjects too!!



## Across

1. Tommy-John surgery used to repair this ligament
4. appropriate classification for patient with systolic BP of 120-139 and diastolic of 80-89
10. infection control precautions that includes negative air pressure room and use of N95 mask
11. integrity of the C5 spinal nerve could be assessed by testing the strength in this muscle
14. massage technique involving percussion with the hands at a fairly rapid rate
15. term describing light pink, watery wound exudate
20. term for excessive sweating and cool clammy skin that may indicate inadequate CV response
21. a value of <0.5 on this "index" indicates severe arterial disease
22. location of goniometer axis when measuring wrist radial/ulnar deviation ROM
23. one of the cardinal signs of the acute phase of injury
24. the parameter affecting tissue depth when using ultrasound

## Down

2. muscle commonly found to be short-tight in patient with excessively lordotic posture
3. special test used to identify Achille's tendon rupture
5. arthrokinematic movement of the humeral head associated with shoulder abduction
6. measuring for wheelchair seat height should use this landmark as a reference
7. long bones, like the femur, develop through \_\_\_\_\_ ossification
8. one of the ligaments making up the coracoclavicular group
9. type of estim that uses two channels to produce the required waveform
12. hypersensitivity to cold
13. PT is commonly considered contraindicated when this lab value falls below 8 g/dL
16. position of stretch for the anterior longitudinal ligament
17. hip alignment condition generally associated with appearing "knock-knee'd"
18. most common estim waveform used to stimulate intact peripheral nerves
19. MMT of ankle plantar-flexion with the knees in a flexed position tests this muscle





*It's About You!*

# BOSSIER PARISH COMMUNITY COLLEGE

6220 E. Texas St.  
Bossier City, LA 71111

Laura Bryant, PT, MEd.—Program Director  
Kim Cox, PT, MEd.—ACCE

Phone: 678-6107 or 678-6079

Fax: 678-6199

E-mail: [kcox@bpcc.edu](mailto:kcox@bpcc.edu) or

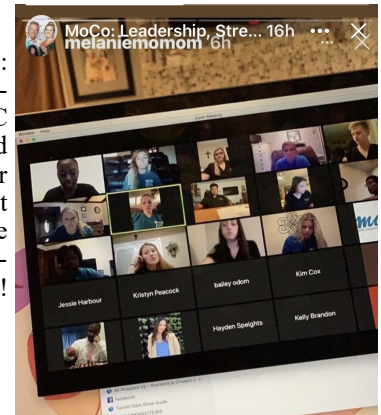
[lbryant@bpcc.edu](mailto:lbryant@bpcc.edu)

Website: [bpcc.edu/pta](http://bpcc.edu/pta)

PTA PROGRAM  
UPDATE—FALL 2020

## Program Activities/Updates

Brian Russell and Melanie Massey with MoCo: Leadership, Strengths and Culture Coaching provided EXCELLENT “virtual” training for BPCC PTA and OTA students on understanding and growing their STRENGTHS! They do this for our Programs every year and even through Zoom it was AMAZING as usual and we appreciate the service they’re providing to these future practitioners SO MUCH!!



BPCC PTA students really enjoy and benefit from working with BPCC nursing students in the SIM lab each semester. While the nursing students help teach about lines/equipment management the PTA students teach them about transfers, positioning and body mechanics. It’s definitely a win-win situation!!

## 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 gave me “homework” often. In other words, my CI notified me of a diagnosis that we would see this week and would share articles with me to read so that we could discuss and I could understand the diagnosis better prior to seeing the patient ”

Re: Justin Boyd, DPT, OCS  
The Edge Physical Therapy

“Angela took every opportunity to educate me in new techniques and equipment. She gave me tools/research related to creative exercises specific to geriatrics. Her constructive feedback was informative always professional and kind. I loved the opportunity to learn from her clinical experience and insight s.”

Re: Angela Rash, PTA  
Progressive Rehab Solutions

“He asked me tons of questions which allowed me to identify what I’ve retained

and what I need to research/review. He looked for opportunities to allow me to practice skills I was not confident with. I was also able to work his PTA to see different treatment styles. I had opportunities to ask questions and learn from administrators, doctors, OT/OTA, and the wound care PT/nurse. I was given opportunities to treat independently and to use my CI as a tech .”

Re: John Adams, PT  
Louisiana Extended Care Hospital

“My CI and I “recapped” every afternoon to go over any questions and to give feedback on my performance while treating patients. Ms. Mary was more than willing to answer any question and she provided me with a plethora of acute knowledge such as lab values, specific protocols for particular surgeons at the hospital, and various precautions. I learned SO MUCH from her!”

Re: Mary Dye, PT  
St. Francis Medical Center



“My CI always looked for great teaching opportunities like observing PT evals, treating with other PTs/PTAs, designing treatment ideas independently. He was available at all times for questions, even after hours. He pushed me to think analytically, both in progressing and regressing patients.”

Re: Donald Allison, PTA  
Function First Physical Therapy

“Every week we sat down and discussed our goals for the week and how each of us thought I, the student, progressed towards those goals. Then set new goals for the following week .”

Re: Adam Newton, PTA  
Willis-Knighton Health System

“Mr. Carl went above and beyond to ensure that my clinical rotation was an exceptional learning experience. There were times when I as a student would be in need of reassurance and he would often encourage and lift me up. He is so great at explaining therapeutic reasoning to patients in a genuine and respectful way. Mr. Carl has a very approachable personality, which makes it easy to ask questions and expand your clinical learning in a clinical setting.”

Re: Carl Bryant, PTA  
Cornerstone Therapy and Balance Center