

Fall 2023



BOSSIER PARISH COMMUNITY COLLEGE

# PTA Program Clinical Newsletter

## Our Recent CAPTE Visit

As you all know, BPC PTA faculty spent the past 2 years working on a Program Self-Study and recently hosted an on-site visiting team of CAPTE reviewers. This was a packed four-day visit during which the TEAM inspected every element of the program and spoke to representatives from all of our communities of interest. We are pleased to report that the reviewing TEAM and the members of the Commission that also reviewed our documents and will soon vote on our program's accreditation status had only good things to say! We owe such gratitude to the many supporters we have in the clinical community. Kim and I want to sincerely thank ALL OF YOU who serve as Clinical Instructors, serve on the Advisory and Admissions Committee, employers of our graduates and clinicians who provide guest lectures and labs. We heard again and again from the CAPTE TEAM members how fortunate we are to have each of you! The Commission meets later this month for the actual vote. Although it's not yet official, I have spoken with our lead reviewing commissioner who will make the recommendation--We expect to have an official announcement of reaffirmation closer to Thanksgiving! Thanks for being such an integral part of this program and for giving your time and attention to our students! Warm regards, Laura Bryant

## 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.

# “Tell me about this patient”... A template for Case Study Analysis

Asking your PTA student to review/analyze a patient’s initial PT evaluation is an excellent activity for facilitating critical thinking and identifying areas of weakness. Consider prompting the student through either verbal quizzing *or a “homework assignment”* to respond to some of the questions in this template. You might also consider thinking/talking out loud about these questions as you discuss a new patient with the student to role-model putting all of the pieces together.

## Patient’s Diagnosis/Pathology

- What are the expected *signs & symptoms* of this diagnosis?
- What’s the typical *mechanism of injury*?
- What medical *diagnostic tests* would be used to identify this condition?
- What physical therapy *evaluative tests* would be used to diagnose the condition?
- What might the *medical (surgical, pharmacological) management* of the condition include?
- Is this diagnosis an *indication, contraindication, or precaution* for any particular interventions?



## Patient’s Past Medical History and Medical Tests

- Are any of the conditions in the patient’s past medical history or current medical tests/measures (lab values, imaging, etc..) a consideration in terms of selecting interventions?
- How might the patient’s past medical history or current medical tests/measures affect his *prognosis or progression* toward goals?
- What are the *normal/expected values* (as compared to the patient’s) for this particular medical test?

## Subjective

- Are any of the patient’s subjective statements particularly consistent with (or inconsistent with) his/her diagnosis? With objective findings? With the established goals? With items in the Plan of care?
- What’s the implication for this particular subjective statement? How would/should you interpret the comment?
- Are there any *discharge planning* considerations prompted by the patient’s subjective statements?

## Objective Assessments/Examination Findings:

- Connect the dots.... Which objective tests/measures support (are consistent with) the patient’s diagnosis/pathology? Which support the presence of the established goals? Which correlate with particular items in the POC?
- Are there objective findings that are particular indications (or contraindications) for any interventions?
- Why did the PT select this/these particular tests and measures? What in the history or subjective report led the PT to choose that assessment? What is the test/measure designed to identify?
- What is the “normal” value for that test/measure as compared to the patient’s?
- What particular *anatomic structure* (muscle, ligament, capsule, peripheral nerve, etc..) is/would affect that test or measure?
- Is this a test/measure that a PTA would typically continue to *reassess on a regular basis*? Why or why not?
- Would you expect this objective finding to change/improve throughout the course of this episode of care? Why or why not?
- What *functional activities/ADLs* would be affected by the impairment identified by this test/measure? Would modifying the environment or

technique for performing the ADL allow the task to occur more easily?

- Based upon the history, subjective reports, and objective findings, do you think this patient’s injury/healing is in the *acute, subacute, or chronic stage*?

## PT Evaluation/Assessment

- What particular findings in the examination and tests/measures do you think the PT referenced when developing their “PT diagnosis”/Assessment?
- What factors influenced the PT’s evaluation of the patient’s rehab potential/prognosis? Are there resources available for addressing/improving any of those factors?
- In comparing 2 patients in the caseload with similar medical diagnoses, why does this patient have a better/worse rehab potential/anticipated outcome?

## Goals

- Connect the dots... what findings in the initial examination support the presence of each goal? What items in the plan of care are intended to specifically address each goal?
- Brainstorm a variety of interventions (aside from just those specifically listed in the POC) that might be used to address Goal # \_\_\_\_\_. Why would those interventions be appropriate?
- Identify some interventions that would be *inappropriate* for addressing Goal # \_\_\_\_\_. Why would those interventions be inappropriate?
- What interim tests/measures could be taken to track patient progress toward Goal # \_\_\_\_\_?

## Plan of Care

- Give a *rationale* for each item listed in the POC.
- Identify any *precautions or contraindications* for items listed in the POC.
- *Prioritize* items in the POC in order of importance for this treatment session.
- Discuss the appropriate *sequencing* of items in the POC for this treatment session.
- Will communication with other members of the healthcare team be necessary/important in the implementation of this POC?
- Are there modifications to the POC that you anticipate the PT will need to make as this patient progresses?

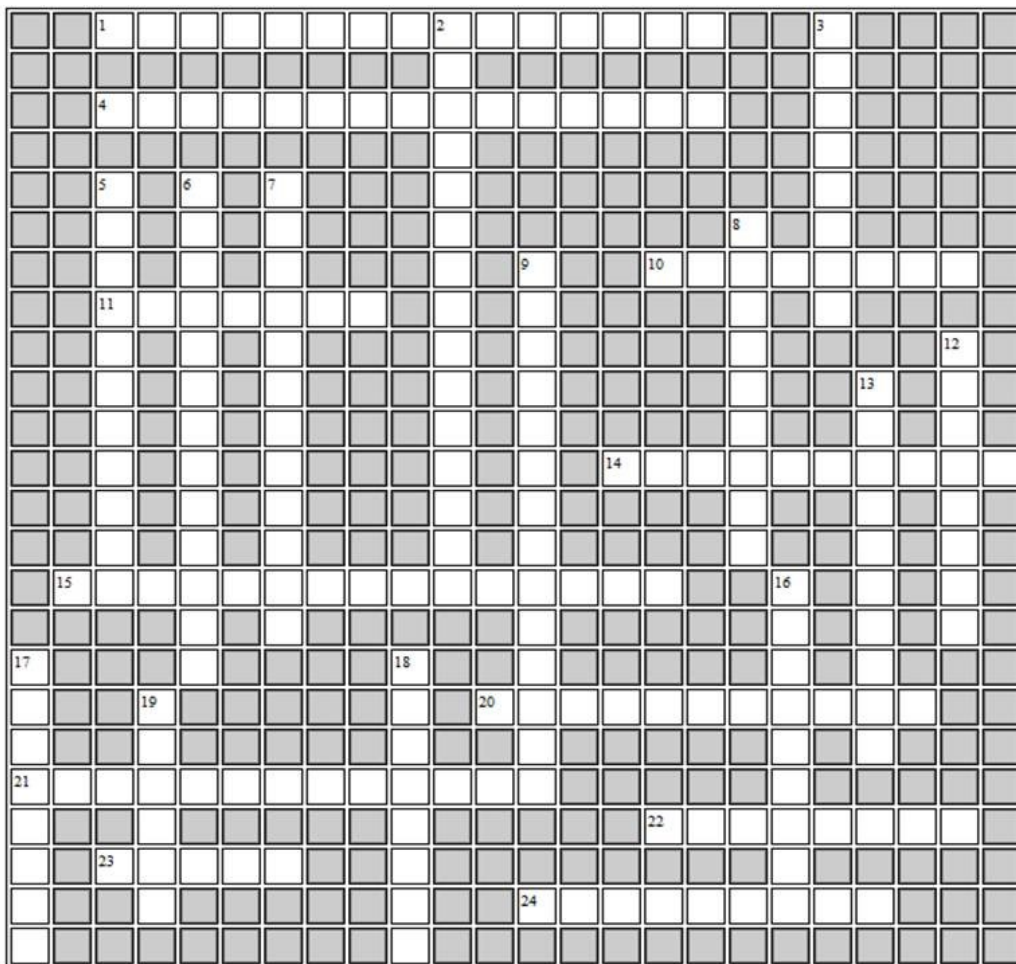
Discussing (and asking your student to discuss) some of these questions as you review the PT evaluation will help them see and appreciate the process of critical thinking in the clinical environment. It might also help you (as the clinician) recall the rationale for decisions you make on a daily basis that have become almost second-nature and automatic

Consider incorporating case-study activities with your next student!

# 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!

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**PTA PROGRAM  
UPDATE—FALL 2023**

## Program Activities/Updates

PTA students spent an afternoon at Shreveport Aquatic and Land Therapies this fall to learn more about aquatic therapy and manual skills. Big thanks to the SALT staff for hosting and providing that experience!!



This class of BPCC PTA students continued the tradition of an annual field trip to the Red River Revel in October to do some gait and posture analysis (while also enjoying a funnel cake!)

## 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 was very patient and never got flustered when I missed something or when she gave me constructive criticism. I liked that the most! There was a specific time where a transfer was going to go wrong because I did not have everything in place first but she calmly stopped me, helped me fix it, and it was fine! My CI created a sheet on how to navigate their system for chart review and documentation. She also always phrased things or asked me questions to lead me in the right direction.”

Re: Caydence Herbert, PTA  
Encompass Health

“She allowed me to watch interactions with the patients and their parents before I was to see patients alone. She provided demonstrations of techniques first then allowed me to perform them right after. She was great at role modeling how to relate to other PTs/PTAs/OT/As/STs in

the clinic. I was able to sit in on sessions with other specialties to see how treatments are conducted. She printed out weekly handout for goals/improvements. She did not put pressure on me to do things if I was uncertain (we practiced more until I felt ready or she felt I was capable of performing). Great CI!”

Re: Kristen Toms, PTA  
Melanie Massey Physical Therapy

“He completed the CI credentialing course so he was very prepared to help me. He read my student biography form before my arrival to understand my learning style and what challenges I might face during my rotation. He allowed me to sit in evaluations; then we stepped out and he asked what my thoughts were based on our conversation/testing performed on patient. He asked how I was taught certain skills throughout my rotation - he said he knows everyone is taught a different way and science/literature is always changing so he wants to continue learning what the most up to date thing is being



taught. He respected my clinical decision making throughout patient treatment allowing me to have input/freedom.”

Re: Caleb McEntire, PT  
Fultz Physical Therapy and Joint Rehab

“I was not very confident with progressions of exercises, so my CI would ask me what I thought we should work on with the patient, just in general. From there, we would discuss why, and then we would break down the how. It really helped to break it down into steps. Trent is a fantastic teacher. He doesn't focus treatment for everyone with the same diagnosis in the same way, meaning he focuses more on the individual and their specific goals and forms his treatment around that. It's refreshing to see a PT make things so functional and so fun at the same time. I feel very fortunate to have gotten a rotation at Core.”

Re: Trent Andre, PT  
Core Physical Therapy and Performance

“She always took my comfort level into account and encouraged me to be honest with her. She quizzed me a lot and had me research what I did not know. She let me work with patients that had cases I was specifically interested in (tailoring the teaching/learning to my needs). I learned SO MUCH on this rotation!”

Re: Erica Boyd, PTA  
Shreveport Aquatic and Land Therapies