

Fall 2022



BOSSIER PARISH COMMUNITY COLLEGE

PTA Program Clinical Newsletter

Celebrating 25 Years of the BPCC PTA Program!!



In July, 2022 our BPCC PTA Program graduated its **25th class!!** To mark this special occasion several program alumni collaborated to organize and host an anniversary/reunion party and it was **SPECTACULAR!!** On October 1st, members from every graduating class (Class of '98 to Class of '22) along with current students and friends were present to help us **CELEBRATE!** It's hard to believe so many years have gone by (time flies when you're having FUN). Laura and I want express how honored and blessed we feel to have been a part of bringing so many **amazing PTAs** into the profession who not only are **highly skilled** but who also share a sense of **deep care** and value for their patients and their community. We are continually impressed by and in awe of you!! **YOU** (our graduates/alumni) are our **pride and joy!!**

A special **BIG THANKS** to the alumni who spearheaded the planning for this party (Felicia Sullivan, Tina Acosta, Cheyenne Comeaux and more) and to Shreveport Aquatic and Land Therapy for providing the space to host the event. It was a night we'll never forget!!

Kim Cox, PT, MEd. & Laura Bryant, PT, MEd.—BPCC PTA Program

Delivering Constructive Critique... Beyond the Feedback Sandwich

Your students (entering a new clinical environment/practicing newly learned skills) are not mind readers. Guiding them from novice to entry level requires regular and explicit (not just implied) delivery of feedback. If there are misunderstandings about your standards or expectations as a CI, then it is unlikely that they'll be able to meet those consistently.

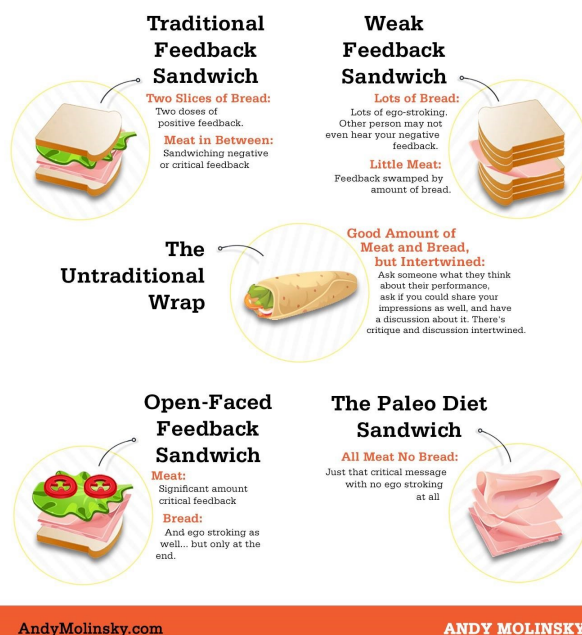
One of the most common ways supervisors (managers, teachers, etc) deliver feedback is through the use of the feedback "sandwich" (giving praise, followed by critique, followed by additional praise). While the intentions in the use of this method may be good (soften the blow of the critique, avoid hurt feelings, etc) this method **can** come across as pandering or water down the importance of the critique.

Each clinical instructor and each student has a unique set of strengths, needs and communication styles. Additionally individual clinical and teaching scenarios require different modes of feedback delivery. As such there are methods beyond the standard sandwich approach that may be employed! Here are a few ideas to consider based on your preferred style of communication, your student's individual preferences and needs, and the specific scenario encountered:

Strategy #1: The 5 Word Review

Coined by Kayak.com CEO Paul English, this method is a simple, efficient way to give feedback. The basic steps are (1) Pick **5 words** you would use to describe the student (2-3 positive, 2-3 negative). (2) Set aside a **private, informal** space (lunch?) to go over the words. (3) Discuss the **meaning** behind each word (and give examples of **SPECIFIC behaviors** you've observed that you're basing these words on) so there are no misunderstandings.

Reinventing the Feedback Sandwich



Example: Friendly, Professional, Smart, Hesitant, Passive

When you're limited using single/few words for feedback, it forces you to zoom out and look at high level trends: what do they consistently do well, or come up short on? Those are the most important things to highlight so they continue the good, and fix the chronically weaker areas.

Don't be afraid to ask your student for a 5 word review of your performance as an instructor too!

Strategy #2: Try a Feed Forward

A key part of feedback is that it looks backward (at what happened in the past). The power of Feed Forward is that it looks ahead. They're positive suggestions for the future. How to do Feed Forward:

1. Have the student identify **one area they'd like to improve** (examples: feel more confident with manual skills, be more efficient with note writing, be more prepared to carry out POC's independently/with less help)
2. Give the student **2 positive suggestions** for the FUTURE that would help in that area... and ask other

members of the team/staff to provide positive suggestions too!

3. **Repeat** (identifying other areas for improvement; getting positive suggestions from others).

The benefits of this method are: A. It's **ego-less** (instead of focusing on past mistakes which can lead to defensiveness and bruised egos, feed forward trades judgement on the past for optimism for the future. B. It's **collaborative** (you can tap into the experience and ideas of the whole staff/team) and C. It's **actionable** (all of the takeaways from this method are things you can take action on: the future is not set.).

Beyond the Feedback Sandwich Cont..

Strategy #3: Use regular “one on ones”

Establish REGULAR and FREQUENT schedules for **one-on-one meetings**. Examples may include 10 minute meeting every morning, 2 minute de-briefing after each patient, 30 minute Friday lunch meeting, or whatever best fits your schedule. The topics discussed during those meetings should be broad and not solely for the purpose of feedback (schedule of patients for the day, updates to treatment plans, etc) but can certainly include opportunities for feedback. While formal/written feedback is sometimes appropriate and beneficial, giving **face to face verbal feedback regularly is actually preferred** to avoid misunderstanding and presumption. Be prepared to LISTEN carefully before diving into feedback as you may find added context that changes how you deliver it (what you perceived as a student being “distracted” may have in fact been the student mentally focusing/problem solving what to do next). Giving feedback in any form can help improve performance, but it's the act of checking in **regularly** that ensures the greatest improvement

Strategy #4: Use the Prepare-Listen-Act Model

Planning to give feedback and giving feedback that is received and impactful are different things. Unfortunately what you think is crystal clear may not be to your student. The steps in this model are: 1. **Prepare**. Take time to think about recent performance, identify patterns, and make note of specific examples you've observed/can share. 2. **Listen**. Start the meeting by asking the STUDENT how they feel about their performance and any issues they've encountered/what they would like to “do more of, see more of, get better at”. 3. **Act**. Follow up by establishing specific goals, outline the clear next steps, and then check in regularly to monitor improvements.

Example: After discussion with the student you each identify a need for improved confidence with transfers. You establish a plan to (a) practice transfers on the CI and coworkers at lunch (b) practice taking the lead on at least

3 of the “easier” patient transfers this week with the CI present to assist if needed (C)by next week perform at least 2 max assist transfers with CI in the role of “tech” and student taking lead.

Strategy #5: Trade Praise for Feedback

One of the biggest challenges around feedback is the defensiveness that can come with criticism. The human mind weighs critical feedback much heavier than praise with research showing that “*While negative comments, which fuel the release of the stress hormone cortisol, have an effect on the human brain for*

26 hours or more, positive ones, which release the bonding and trust hormone oxytocin, last for a much shorter period of time.” Given praise doesn't last nearly as long as criticism, it should not be surprising that research on successful teams (by Heaphy and Losada) found “*The factor that made the greatest difference between the most and least successful teams was the ratio of positive comments to negative comments. The average ratio for the highest performing teams was 5.6 to 1. But the average for the low-performing teams was 0.36 to 1 (almost 3*

negative comments for every positive one).” When given correctly praise can be a **huge motivator**. The highest engagement comes when workers (or in this case students) feel their manager (clinical instructor) is genuinely interested in them; paying attention to their work enough to notice and praise their effort and skill.

The bottom line is there are MANY ways to deliver feedback that maximize the manner in which the information is received and used toward the ultimate goal of student performance improvement and success. By mixing up your approaches you'll find you always have a good way to communicate feedback to your student!



Sources:

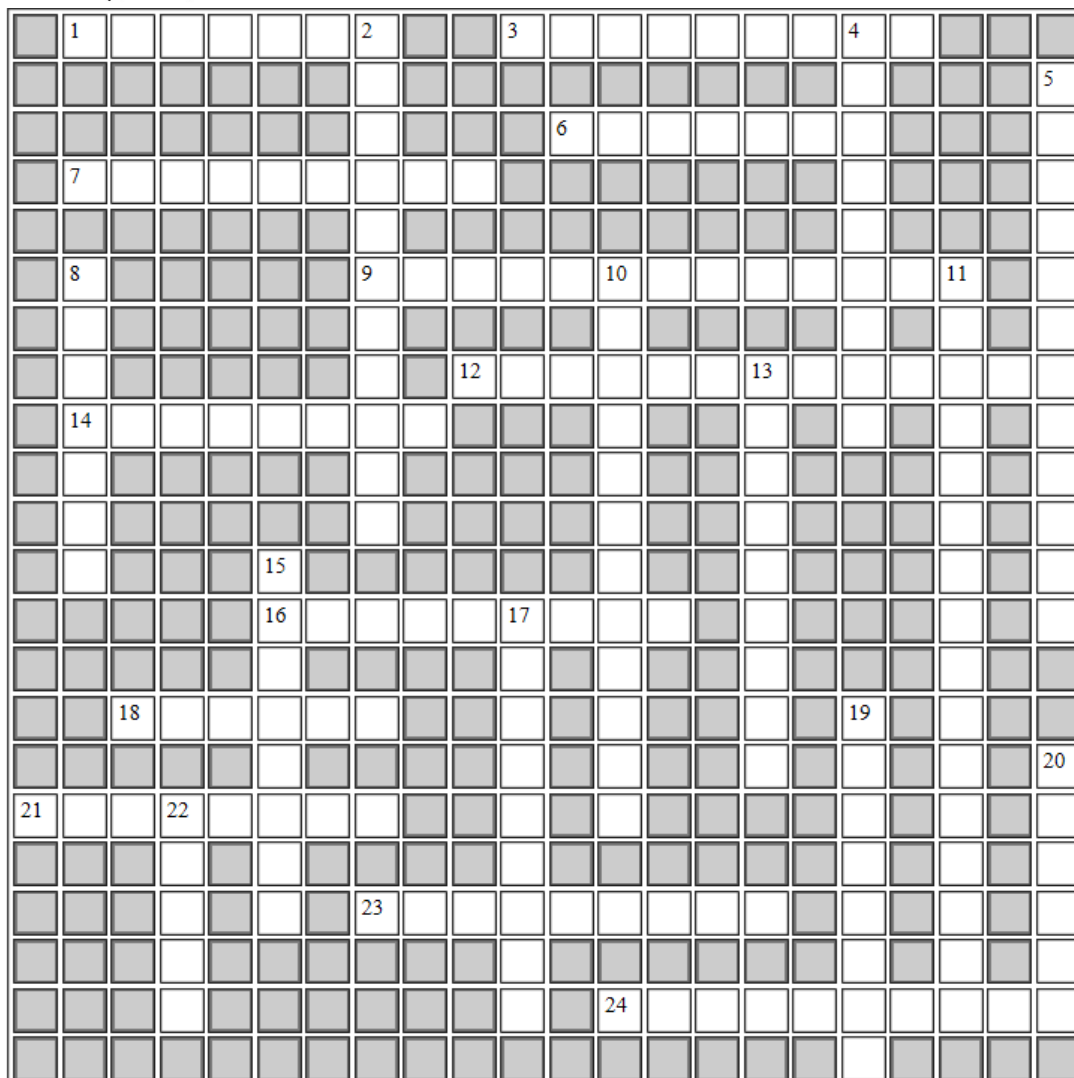
Reinventing the Feedback Sandwich - Andy Molinsky (andymolinsky.com)

*6 Ways to Give Feedback that's Better than the Sh*t Sandwich (getlighthouse.com)*

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.term for a labrum tear from the anterior rim of the glenoid fossa
- 3.term for regular, shallow breaths of 20+ breaths/min
- 6.presence of this finding consistent with "structural" scoliosis diagnosis
- 7.in the brachial plexus, the upper, middle and lower trunks combine to form
- 9.a type of e-stim that utilizes direct current as opposed to pulsed or alternating current
- 12.performing a "touch your toes" stretch with the hip internally rotated ("toed in") targets a stretch to this muscle
- 14.the direction that the base of the metacarpal glides during MCP flexion
- 16.name for one of the common exercises used to strengthen the hip abductor/lateral rotators
- 18.term for clear, watery drainage from a wound
- 21.One of the parameters for e-stim that must be high enough in order to elicit a muscle contraction (typically 200-400usec)
- 23.surgery to repair an ulnar collateral ligament rupture in the elbow
- 24.the other name for the ankle mortise hinge joint allowing DF and PF

Down

- 2.ligament sprained with an inversion stress to the ankle
- 4.one of the 3 conditions combining for a diagnosis of COPD
- 5.can also be referred to as a "gunstock deformity" of the elbow
- 8.the specific type of transmission based precautions appropriate for treating a patient with influenza
- 10._____current mimics interferential set up/parameters but includes the use of only 1 channel vs 2 and is used to treat smaller areas
- 11.push-ups are an exercise classically used to target this scapular muscle
- 13.the parameter of an ultrasound setting that determines depth of penetration of the US waves
- 15.When measuring shoulder abduction ROM, the axis should be aligned with this landmark
- 17.term for O2 saturation level of <90%
- 19.the type of walker needed for a patient who has ankle ORIF + Colle's fracture
- 20.a temporary dialysis catheter placed in the femoral, subclavian, or internal jugular vein
- 22.used for a continuous monitoring of BP in ICU patients



It's About You!

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**PTA PROGRAM
UPDATE—FALL 2022**

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 CIs are out there doing!!

“My CI was great! He would let me go in on every evaluation to practice the assessments (MMT, goni, etc) and discuss the creation of the POC. At the end of each day he would ask me for 3 things I learned that day. He would take some of my practice quizzes with me throughout the day and help explain his thinking for questions I didn’t understand. He was very encouraging, especially at the beginning, to help build my confidence. He has an easy going personality which really put me at ease!”

Re: Lance Danos, PT
Haughton Physical Therapy

“Sports rehab is clearly his passion so he loves teaching about anything related to it. Anytime I had a question he went above and beyond to give me a full informative answer. He had me do all of my documentation/note writing in a student log so that I could get used to writing full SOAP

Program Activities/Updates

PTA students spent an afternoon at Shreveport Aquatic and Land Therapy 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!)

notes and not just point/click computer notes. He was the opposite of intimidating so there was never a moment I was afraid to ask a question!”

Re: Craig Lowery, PT
Sterlington PT

“My CI provided constant feedback on my performance to include what I did well and what I needed improvement on. She quizzed me daily on patient information and POC items. She allowed me to take the lead but was right there if I needed her. We would talk through the reasoning of what to do with the patient and why. She was incredibly patient and understanding while also holding me to high expectations !.”

Re: Leslie Postles, PTA
Willis Knighton Health System

“Ms. Lenette was kind and understanding about how overwhelming the neuro population of patients can be at first. She let me meet the patients the first week, and had me come up with treatment ideas for helping

them meet their goals. We worked together with patients at first and she gradually let me follow through with my plans more independently with them over the next few weeks. Easing into the care after observing made it a great learning experience.”

Re: Lenette Cockerham, PT
Christus Schumpert Health System

“He would give me opportunities to practice skills I had never done before and would be right there beside me in case I needed him. For example I wanted to work with an SCI patient and he let me observe him do the transfer with him and then talked me through it as I practiced/performed myself. He gave awesome feedback and spent time explaining things that I was unsure about.”

Re: Damion Spillman, PTA
Wheat PT

“My CI allowed me to get comfortable before throwing me into treatment with a patient and it allowed me to gain the confidence and experience I needed before handling a patient on my own in this setting. She provided feedback after every patient and asked me to talk through with her what my plan was before we entered the patient’s room. It really put my mind at ease and helped me be prepared and not nervous.”

Re: Lesley Luttrell, PTA
North Louisiana Medical Center

