Spring 2016

BOSSIER PARISH COMMUNITY COLLEGE PTA PROGRAM

Clinical Newsletter

Being a "Great" Clinical Instructor: Some practical advice, tips, and tools

It recently dawned on me that I've been involved in educating and supervising clinical experiences for BPCC PTA students for nearly 20 years. I think that I've learned a thing or two during that time and thought that I would share some observations and tips related to characteristics of **great** clinical instructors!

(1) A great clinical instructor shows that they ***like*** being a clinical instructor! Try to *enjoy* and reap all of the *benefits* associated with serving as a CI. Sure, you get some CEU hours for being a CI, but what I mean by "benefits" are the intrinsic "+'s". When you prepare to host a student, catch some of their **enthusiasm**! Students view the opportunity to come into a clinical environment as exciting, new, and "cool"! It's an opportunity to remember why you wanted to become a PT/PTA in the first place.

Having a student is also an opportunity to **learn something new**! Have you forgotten a few "textbook" things since you graduated? Is there new research you're not really up on? You're the teacher in the clinical setting, but the student can and should share things with you and your staff as well! It's a win-win opportunity!

(2) Realize that ***affective*** skills are just that… skills. They *can* be practiced and improved. There's a temptation (human nature) to judge a whole person based on a single behavior/mannerism, but what I've found to be the case the *VAST* majority of the time is that all students truly want to be perceived as professional, responsible, competent, ethical… they may have just literally never had an opportunity to practice and receive feedback on the behaviors associated with those traits (especially in a clinical setting). Try to make sure the atmosphere for learning is one that creates the good "***eustress***" type (see page 2) and not the overwhelming "distress" type. Be sure that you (and the other staff in the department) are ***role modeling*** the same behaviors you expect the student to exhibit. Take time on day 1 to ***orient the student*** to your expectations related to affective behaviors. Remember that you are teaching an adult learner who will soon be your peer/colleague and try to give feedback in a manner that reflects that you ***respect the student*** as an adult. Don't ignore an area of weakness with affective behaviors. Instead, identify what specific/objective behaviors you would like the student to work on and ***set goals/ expectations*** for improvement. And be sure to ***include me***! It's my job to offer input, insights, feedback, assistance and suggestions!

(3) Keep growing as a "**teacher**". Most clinicians never had formal training in "pedagogy" (theory/method of teaching) and yet CI's are the ideal instructors for helping students connect classroom content to real word application. Be open to trying new and different methods for helping a student achieve mastery. Not all students learn in the same way. Some can jump right in… others need a longer period to adapt. A good teacher identifies what's working and what's not about his/her teaching methods and adjusts accordingly. Some specific ideas you might want to consider:

- Sometimes CI's get overly focused on the "evaluation" part of being a CI. The word "teach" actually comes from the word "techen" which means "***to show***". If a student seems to be struggling with a particular clinical skill, pull back from challenging them to perform and spend more time just having them watch/listen/learn
- Often students have difficulty seeing the "**big picture**" because they are micro focused on all of the new details. Some ways to help with this are (1) debrief with a student before a treatment session and after a treatment session regarding what the student plans to do/watch for/say and how the student feels the session went afterward (2) let the student keep a notecard on each patient with patient's goals on the front and treatment performed today on the back.. Helps them see how those dots connect and helps with documentation efficiency at the end of the day
- Provide opportunities to ***practice, practice, practice*** skills that only get better with repetition. Transfers, taking vital signs, manual therapy techniques, etc.. Some of these skills are just only going to "get there" with enough **quantity** of work. If needed, let the student practice on you/other staff and as their comfort level increases provide as many opportunities as possible for patient practice.
- Getting "good" and "efficient" at ***documentation*** is just not easy for most students. Especially considering the wide variation in expectations depending upon the clinical site/setting. Students should be practicing writing a LOT of notes on EVERY rotation. But try to pick a *particular* variable to evaluate each time. For example, maybe this day or week or note you're looking mostly at thoroughness of content.. Next day/week your working on efficiency/speed… next day/week you want to see the student using language that shows function or medical necessity. Nit-picking notes for all of those things at once can be overwhelming.
- The clinic is a great place to ***put things together*** and really learn. Find opportunities for the student to identify "textbook" concepts/terms in real patient situations. One way to do this is by highlighting specific terminology or findings in the patient's eval or chart and having the student discuss the relevance of the concept for this patient. Don't be afraid to give "homework". Students should be looking things up from class notes/textbooks/etc and seeing how that information influences intervention choices, precautions, documentation, etc..
- Ask the students ***questions and then wait***. Research shows that most teachers after asking a question only wait **3 seconds** before they answer it for the student! Given a bit longer most students can at least generate an educated guess and let you truly see what they know/don't know. Posing questions about basic facts is fine (what are the rotator cuff muscles?), but try to mostly use questions that promote critical thinking (why do you think that lab value is important? When do you think we would progress the patient to that activity/exercise?)

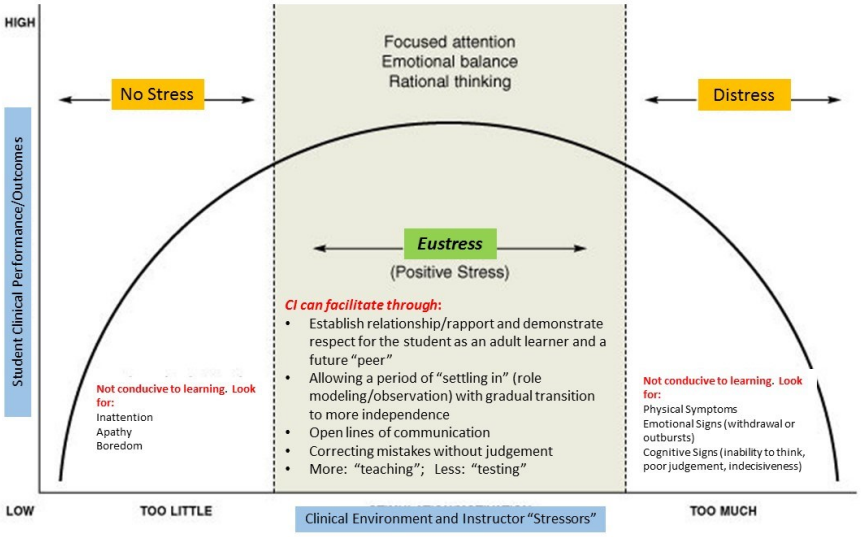
In summary, this Program is fortunate to have MANY experienced and skilled clinical instructors. I've learned so much from all of you! Keep working hard to maximize student learning and enjoy the benefits of being a CI as well!!

Kim Cox, PT, MEd.
ACCE, BPCC PTA Program

Eustress or Distress: Creating the right atmosphere for learning

Clinical experiences are inherently stressful. And while a certain amount of stress or "eustress" is necessary and beneficial for motivation, attention and learning, excess stress or "distress" negatively impacts student's mental/physical health, self-efficacy, learning, persistence and academic success. Understanding the nature and causes of students' stress is a prerequisite to creating *supportive learning environments* ideal for students during clinical experiences. This article will focus on the common stressors in the clinical environment and strategies for mitigating stress to enhance opportunities for student success.

Lazarus and Folkman were the first to define stress as a "particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing." A stressor, therefore, is something perceived by the student as either challenging (positive stressor) or threatening/harmful (negative stressor) and a stressful event is one in which the student lacks personal resources or a coping capacity to deal with the stressor. Furthermore, researchers have consistently identified an inverse relationship between distress and learning; that is, as distress increases, learning decreases.



Stress amongst clinical students can have a variety of sources (academic, clinical, personal). Commonly reported stressors cited by students related to the ***clinical environment*** include:

- new/unfamiliar clinical environment (just being in a "new place" is a stressor)
- poor orientation to the new environment (student has to figure out on own how to find places/items, processes, etc.)
- complex or unpredictable patient care situations (especially those in which the student feels their acts or omissions may cause harm to the patient)
- clinical environment in which there is discourse amongst the staff or departments (the atmosphere is tense)
- fast-paced environment/ heavy case-load
- facility and/or staff not overly welcoming (stringent student parking rules, student dress code different than staff, student not allowed to use particular equipment/spaces, no formal introduction to staff members, student not included in group activities, support staff resistant to working with student)

Commonly reported stressors cited by students related to the ***clinical instructor*** include:

- clinical instructor's expectations unclear (no early conversations or planning regarding the plan for student performance and progression)
- perceived adversarial relationship (student feels instructor is "out to get me", looking for student failures vs successes)
- limited availability of clinical instructor (minimal time with instructor to get feedback, ask questions)
- over-supervision (hovering/watching like a hawk) or under-supervision (thrown to the wolves)
- instructor incivility (perceptions of instructor as being aloof, intimidating, demeaning, arrogant, unfriendly, or unfair)

Commonly reported stressors cited by students related to the ***personal issues*** include:

- managing personal, academic and clinical priorities (balancing clinical rotation, studying, parenting, etc. especially when there is a "crisis" in one of those areas)
- lack of self-confidence/ fear of failure
- history of poor coping strategies or weakness in interpersonal skill
- health or medical issues
- financial stress

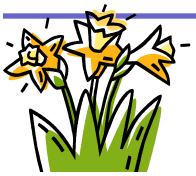
Strategies for creating a clinical learning atmosphere that facilitates "eustress" while minimizing any "distress" can include:

- Early and thorough ***orientation*** to the facility and the expectations for student performance and progression. Ideally this orientation would begin before the student even arrives for the first day. An email/letter/phone call prior to day 1 can reduce some of the "unknowns" and lower student stress
- Expect and "be ok" with ***students making mistakes.*** Try to see and present to the student that mistakes are a learning opportunity not something that can be completely avoided or that should be feared
- Provide the student with a "***mentor***" (other student, other staff members). A mentor gives suggestions and guidance without judgement and is typically seen as less threatening than a "teacher"/CI.
- When possible, de-emphasize your role as an "evaluator" and focus more on the role of "***teacher***"
- When giving constructive critique, "sandwich" the observation in between statements of ***positive reinforcement*** ("You're doing great with recognizing the safety issues in the patient's room.. I'd like to see you spend more time talking to the patient and putting them at ease before jumping into treatment, though. I think you recognized that this would be helpful and I'm sure it will become more natural with practice."
- Make sure feedback is related to a ***specific, observable behavior*** and won't be perceived as a critique of the student's personality or character ("I've noticed that when you communicate with the technicians you often tell them what to do instead of asking them for assistance. I'd like to see you work on phrasing those requests differently so that you develop good relationships with support staff" is much better feedback than "I've noticed you're rude to the technicians"

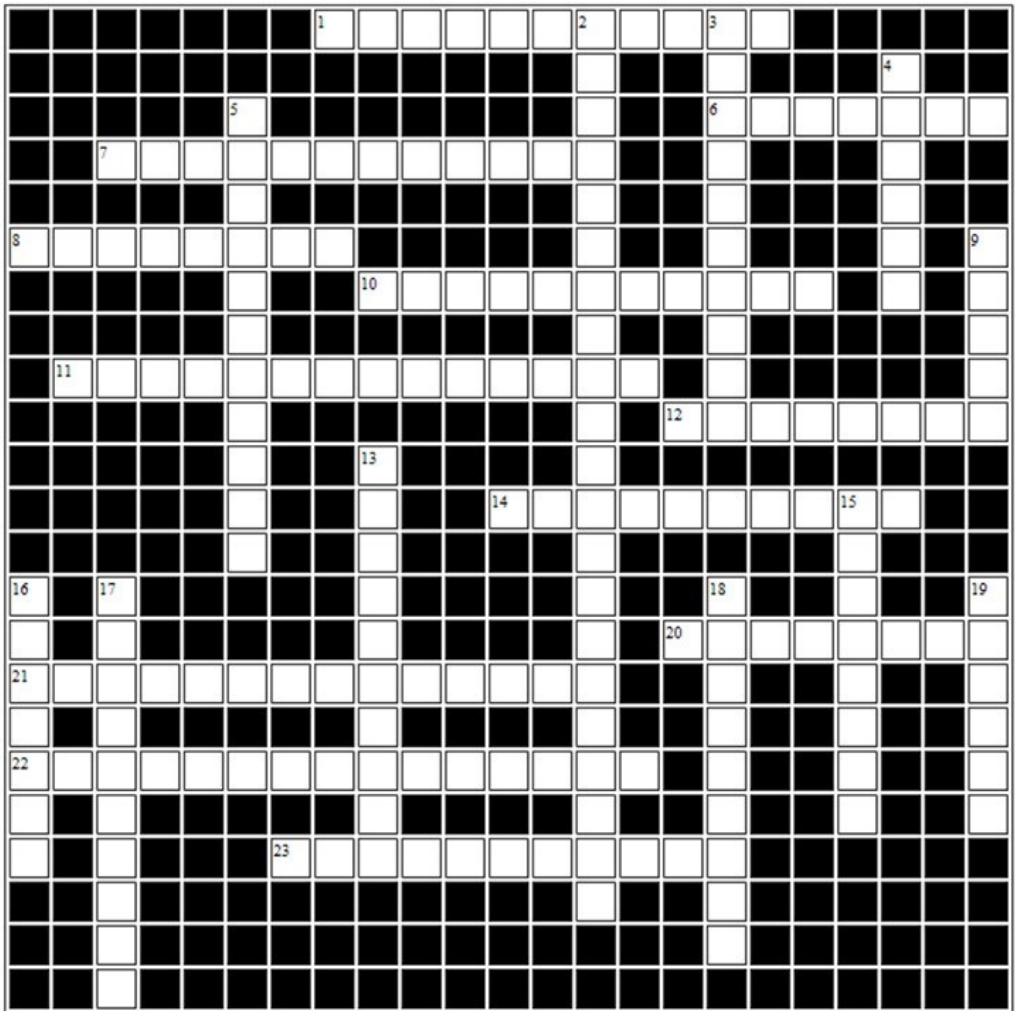
Clinical instructors face the challenging task of teaching and facilitating learning in environments that are inherently complex, highly demanding, and unpredictable. Stress in this world can't and shouldn't be completely avoided, but the clinical instructor can strive to understand the sources of stress, the impact of stress on learning/student performance, and then implement appropriate strategies for making the clinical environment conducive to success.

Article based in part on information from "Transforming nursing education: a review of stressors and strategies that support students' professional socialization" - Advances in Medical Education and Practice 2011

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 some of this information to help you finish the puzzle! Then feel free to quiz your spring PTA students about these subjects too!!



Across

1. irritation of this organ can be visceral source of thoracic/ scapular pain
6. one of the special tests used to identify carpal tunnel syndrome
7. type of TENS that uses a high frequency and a high pulse duration
8. a positive _____ is one of the signs of upper motor neuron damage
10. part of the brain affected by Parkinson's disease
11. Cushing's Syndrome is a potential side effect of this category of drug
12. gait pattern indicative of tibialis anterior weakness/paralysis
14. the 5th cranial nerve
20. type of transmission-based precautions used when treating a patient with active tuberculosis
21. primary neurotransmitter in the sympathetic nervous system
22. previously referred to as a "first degree burn"
23. using the RPE scale instead of just monitoring heart rate during exercise would be recommended for patients taking this type medication

Down

2. a PNF technique used for promoting stability
3. what Title I of the Americans with Disabilities Act is all about
4. one of the commonly used TLSOs for patients status post vertebral body fracture
5. using a tool/test with high _____ is valuable in "weeding out the negatives"
9. a positive electrode
13. gait pattern that can be performed with a standard walker, but not with a straight cane
15. respecting a patient's right to refuse therapy is based on the ethical principle of_____
16. inability to assign appropriate meaning to sensory input (visual, tactile, etc)
17. device used commonly in rehab of children with myelomeningocele; may progress to swivel walker or RGOs next
18. modality contraindicated for a patient with metal implants
19. hemosiderin staining and a shallow wound with irregular borders is indicative of this type wound

It's About You!

BOSSIER PARISH COMMUNITY COLLEGE

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PTA PROGRAM UPDATE—SPRING 2016

Just some of the things BPCC PTA students have been up to this year.....

Right: BPCC PTA students participated in several ramp building mission projects in the Minden area this year (fall 2015/spring 2016). What an amazing service that they were blessed to be a part of!!

Left: BPCC PTA students volunteered their time to help with decorations and serving during the BPCC/City of Bossier Community Christmas Show. December 2015

Right: PTA students on one of several field trips they took this year. Group pictured in front of Snell's Limb and Brace. Thanks so much to Mr. Snell and Clyde Massey for hosting us each year!

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!!

"After each patient, we would walk out of the room and basically "de-brief". She would ask me what I thought went well about the therapy session and what I thought could have been done differently. She was very open to different trains of thought and listened to my reasoning."

Cheryl Lewis, PTA
Overton Brooks VAMC

"Laure taught me not just clinical skills but practical skills as well. In particular she showed me how to fix several common issues with wheelchairs (loose brakes, broken arm rest, adjusting the chair height). This might not be a skill required in the PTA MACS but it's a skill that's necessary for the safety of your patient."

Laure Limper, PTA
Marshall Manor

"My CI was sure to find opportunities for me to work with the PT. She also created a bunch of critical thinking opportunities (had me problem solve how to handle a particular goal, plan of care, exercise, etc)"

Amber Laukart, PTA
Shreveport PT & Sports Medicine

"She allowed me to assist her as a tech for the first few days which helped me warm up to the environment and the types of patients I would see. She also let me practice together on scarier skills such as transfers before seeing certain patients which helped me feel more comfortable once we were in the patient's room."

Denise Fugler, PTA
WK Bossier Acute

"My CI went above and beyond with each patient to explain the patient's background/history/diagnosis/treatment plan. He gave me insights into the rationale for every intervention implemented including the evidence supporting using those interventions."

Jeremy Dye, DPT
WK South Outpatient