

Fall 2015



BOSSIER PARISH COMMUNITY COLLEGE

PTA Program Clinical Newsletter

Program Goal: Improve Preparation for the Acute Setting (an update)

One of the BPCC PTA Program goals for this year has been to continue to improve student preparation for the acute care setting. An special advisory panel (consisting of program faculty + area acute setting PTs and PTAs) was formed and met this summer to brainstorm methods for working toward this goal. This fall we put some of those ideas into play including:

Increased time spent in the SIM Lab

BPCC has an outstanding simulation lab equipped with acute setting equipment, monitors, patient mannequins and a full-time SIM Lab nurse coordinator. We added 3 new full SIM lab case study days and additionally utilized the SIM lab weekly during orthopedics lab for an acute ortho case study.

Collaboration with BPCC Nursing Program

BPCC PTA students worked collaboratively with nursing students on 2 separate SIM lab days. For one of those lab days, the nursing students were responsible for role-playing patients with a variety of acute (general medical, trauma, cardiovascular) diagnoses. They had subjective complaints, vital sign changes, signs/symptoms and problems consistent with their diagnosis. They were extremely realistic and our students had to do a lot of critical thinking to assess and respond appropriately. They additionally were responsible for reviewing with our students the purpose of each

line/tube/device connected to the patient and the precautions for working with patients who have those devices. On the 2nd SIM Lab day with the nursing students, PTA students were responsible for demonstrating and instructing in appropriate positioning and transfer training for patients with varying diagnoses and levels of assist. The lab activities were regarded by both groups as being very beneficial and also fun!

Enhanced curriculum

Area acute care clinicians contributed to increasing curriculum content related to the acute setting (equipment, lab values, diagnoses, treatment precautions, etc.). Leslie Postles, PTA WK North, provided an excellent guest lecture and facilitated a SIM lab activity for practice applying lecture concepts.

Expanded practice with chart review skills

Additional and expanded patient charts were created utilizing PT evals and chart content from actual acute care patients (made HIPAA-friendly and provided by CI's/students during final clinical rotations). Students were prompted during SIM lab activities to use those charts in a variety of ways: for gathering data prior to treatment, checking for precautions or contraindications to treatment and documenting therapy session/patient status.

We are very excited about these additions/changes to our Program and are anxious to assess whether clinical performance in the acute setting improves as a result. We invite and encourage any acute clinicians to provide suggestions or feedback for additional skills and activity practice as we continue to strive for improvement!



Teaching Styles and Learning Styles... An Overview

Effective clinical teaching requires flexibility, energy and commitment amidst a busy background of patient care. Being a great CI also requires that teachers are able to address learner's needs and understand the variations in learner's styles and approaches. CI's can accomplish this by using a variety of teaching methods and styles, exposing learners to **both familiar and unfamiliar** ways of learning which provides both **comfort and tension** during the process, ultimately giving learners multiple ways to excel.

The decision regarding what teaching style to use with each student and/or in each clinical situation is commonly dependent on several factors including (1) student factors: is the student ready and capable of handling this method of teaching? What is the student's preferred learning style? Would the student benefit (or suffer) from being challenged to learn in a new/unfamiliar way? (2) CI factors: is the CI flexible and willing to try new teaching methods? Does the CI place importance on developing rapport with

students and listening to student needs? Does the CI prefer to maintain control over the parameters of the learning task? (3) Demands of the situation: Does the complexity or details of a clinical scenario dictate that a particular teaching style be used?

Consider taking the **"What is your teaching style"** quiz at <http://longleaf.net/teachingstyle.html> and having your students take the **"What is your learning style"** quiz at <http://longleaf.net/learningstyle.html>

The following are descriptions of each type of teaching and learning style and common "clusters" found in research (which teaching styles facilitate particular learning styles).

Article based on excerpts from "The Dynamics of One-on-One Teaching" by A. Grasha and "Teaching in the Medical Setting: balancing teaching styles, learning styles and teaching methods" by L. Vaughn & R. Baker

TEACHING STYLE	DESCRIPTION	ADVANTAGE	DISADVANTAGE
Expert	Has knowledge and expertise; oversees, guides and directs learners; gains status through knowledge; focuses on facts	Knowledge and information which preceptor possesses	Knowledge and information can be overused and intimidating; may not always show underlying thought process
Formal Authority	Possesses status among learners because of knowledge and authority/position; follows traditions and standards of practice; focuses on rules and expectations for learners; supervises learners closely with critical eye toward standard practices and procedures	Focus on clear expectations and acceptable ways of doing things	Potentially rigid and less flexible ways of managing learners and their concerns
Personal Model	Leads by personal example; suggests prototypes for appropriate behavior; shows learners how to do things; wants learners to observe and emulate approach	"hands on"; emphasis on direct observation; emphasis on mentor relationship	May want to "clone" learners in own image; may believe that own approach is only/best way to practice
Facilitator	Emphasizes personal nature of teaching-learning relationship; asks questions; explores options with learners; focuses on learner responsibility, independence and initiative	Personal flexibility; focus on learner needs and goals; openness to alternatives and options	Time consuming; sometimes more direct approach is needed; can make learner uncomfortable
Delegator	Encourages learner responsibility and initiative when appropriate; goal is to have learner function autonomously; a "resource person" who answers questions and periodically reviews learner performance	Contribute to learners professional development and confidence; two-way trust	Learners may not be ready to function in an autonomous manner; some learners become very anxious when given this much freedom too soon

Most clinical instructors use a variety of these teaching styles depending upon the student and the clinical situation... but which is your most common method/approach?

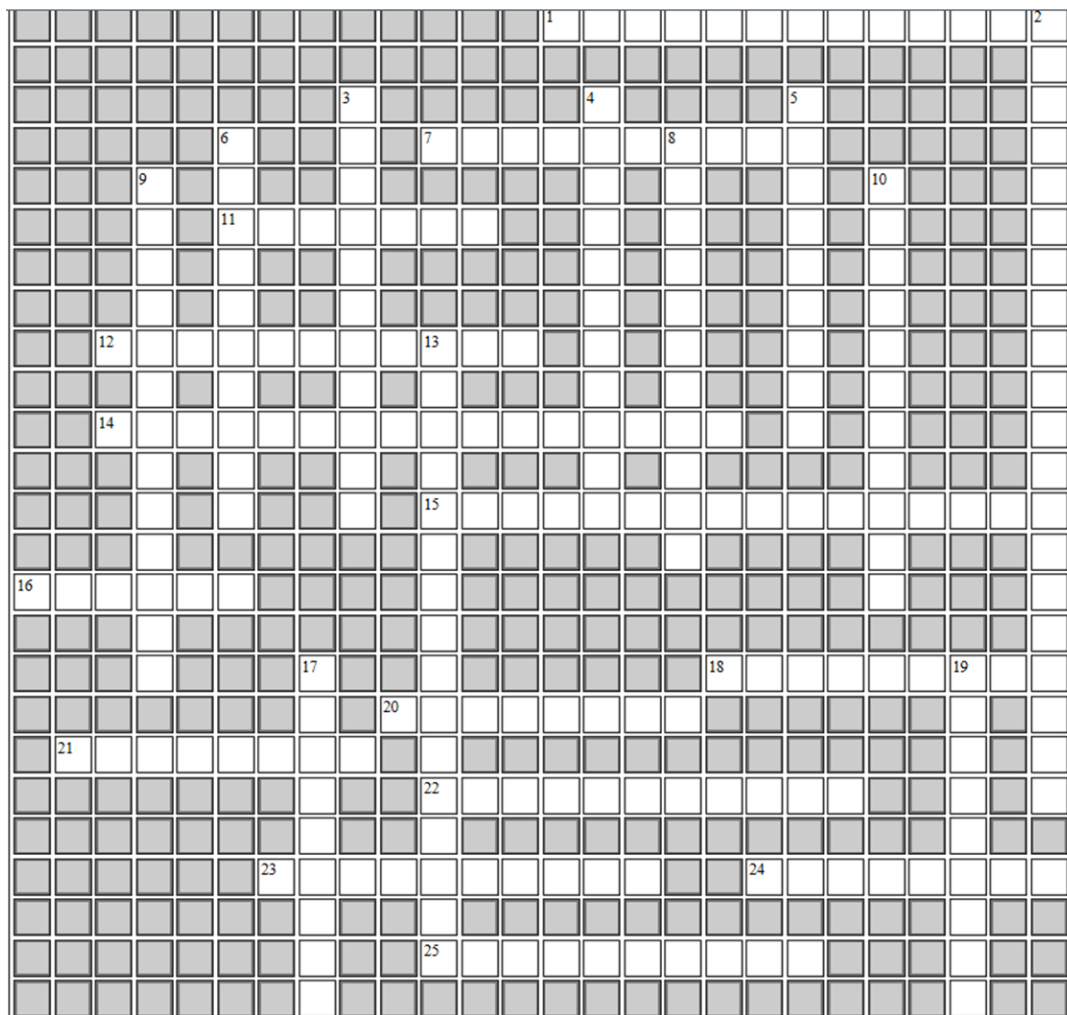
STUDENT LEARNING STYLE	DESCRIPTION	ADVANTAGES	DISADVANTAGES
Competitive	Students learn material to perform better than others; like to be the center of attention and receive recognition for accomplishments	Motivates students to keep up and set goals for learning	<p>May turn less competitive people off; difficult to appreciate and learn new collaborative skills; may struggle with interpersonal communication</p> <p>May benefit from periodic use of teaching style that emphasizes recognizing needs of others and collaboration with peers</p>
Collaborative	Students feel they can learn by sharing ideas and talents; cooperate with teachers and like to work with others	Students develop skills for working in groups and teams	<p>Students not as well prepared for handling competitive people; depend too much on others and not always able to work as well alone</p> <p>May benefit from periodic use of teaching style that requires them to problem solve independently</p>
Avoidant	Appears unenthusiastic about learning content; doesn't participate in discussions; overwhelmed by the content to be learned; hopes that CI doesn't ask them to perform skills that they are weak in	Students able to avoid tension and anxiety (but otherwise there are no real "pro's" to this style)	<p>Performance poor; negative feedback from teachers; students do not set productive goals</p> <p>Be alert for underlying causes of avoidance.. Is student overwhelmed? Did you give them too much/too soon? Do they feel safe to attempt answering questions/try skills or is your teaching style potentially threatening/ intimidating? Student may need a more guided teaching style (demonstration, observation, role modeling) with more emphasis on teacher-student rapport with gradual transition to more independence</p>
Participant	People-pleasers; enjoy learning activities and participates actively in discussions; eager to do as much of the required and optional course requirements as possible; craves positive feedback	Students strives to get the most out of every learning experience and make the CI happy	<p>May be overly focused on approval and fail to ask for what they need or want</p> <p>May benefit from being prompted to generate their own learning goals and taking more of a lead in problem solving/creativity</p>
Dependent	Show little intellectual curiosity and learn only what is required; view teacher and peers as sources of structure and support; look to authority figures for specific guidelines on what to do	Helps students manage their anxiety and obtain clear direction	<p>Difficult to develop skills for exhibiting autonomy and self-direction as a learner; student does not learn how to deal with uncertainty</p> <p>May benefit from real or role-play scenarios in which things don't go according to structure/plan</p>
Independent	Students like to think for themselves and are confident in their learning abilities; prefer to learn content that they feel is important; prefer to work alone	Students develop skills as self-initiated, self-directed learners	<p>May become somewhat deficient in collaborative skills; might fail to consult with others or to ask for help when it is needed</p> <p>Would benefit from occasional situations in which collaboration is a must and needs of others come before individual needs</p>

Common Teaching Style “Clusters”	Facilitates Learning Style of:	Examples of teaching methods:
Expert/Formal authority	Dependent/Participant/ Competitive	Giving student “mini lecture” on content; teacher-centered questions (content based-closed questions); strict standards & expectations for performance; student given specific tasks to do without much prompting for creativity or unique approaches
Personal Model/ Expert/ Formal Authority	Participant/Dependent/ Collaborative	Role modeling (demonstrating ways of thinking/doing things); coaching/guiding student to think and perform like CI; illustrating acceptable alternatives; sharing personal viewpoints; “thinking out loud” during eval/treatment; having students emulate/duplicate your methods
Facilitator/ Personal Model/ Expert	Collaborative/ Participant/ Independent	Case based discussions (“read her eval and tell me what you would do”); role plays (“I’ll be the patient... practice giving me instructions”); guided readings (“read research on shoulder special tests and come back tomorrow with ideas for which are appropriate for patient”); open ended questions that assess student “processing” more than knowledge of content
Delegator/ Facilitator/Expert	Independent/ Collaborative/ Participant	Student generates goals for learning; student journals “what they learned today”; student prompted to think outside the box and come up with idea as different than CI; Student must problem solve situation on own and use CI as resource only when needed; Student encouraged to work with others (teach others and use others as resource)

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!!



Down

2. term for BP that is 140-159/90-99
3. typically presents as "squinting patellae"
4. brownish staining of the skin associated with venous insufficiency
5. ultrasound parameter expressed in units of w/cm²
6. gait pattern utilized when patient is NWB with crutches
8. the joint between the radius and ulna supported by the interosseous membrane
9. type of exercise that can be used to recruit rotator cuff muscles
10. arthrokinematic movement of the talus during ankle dorsiflexion
13. another term for a pulmonary artery catheter
17. assuming estim duration and intensity are high enough, utilizing a low _____ will result in muscle twitching vs tetany
19. location of goniometer axis when measuring GH medial rotation ROM

Across

1. you would palpate the top of the foot to locate this pulse
7. Of conduction, convection, conversion, radiation, or evaporation: the type of heat exchange occurring during a thermal ultrasound treatment
11. type of total shoulder arthroplasty in which the humeral component is concave
12. sweating and cool clammy skin; may indicate excessive effort or inadequate CV response
14. myotome testing of L4 resists action of this muscle
15. device placed in a vein designed to capture an embolism
16. this pain questionnaire prompts patients to identify the location and quality of their pain
18. I's, Y's, T's and W's are exercises that target the scapular _____
20. an anticoagulant drug
21. stretching of these muscles commonly found in POC for thoracic outlet syndrome patients
22. low potassium level; can occur in patients with vomiting/diarrhea
23. % of blood volume that is made of RBC's; normally around 40-50%
24. injury to the midfoot
25. position of the knee that particularly stresses the ACL

2016 PROGRAM APPLICATION PROCESS

IMPORTANT DATES AND INSTRUCTIONS

All Application Instructions and Forms can be found at bpcc.edu/pta ... in particular applicants are encouraged to review the **FAQ's** tab and the **Clinical Application Packet** tab

DEADLINE for application to the 2016-2017 Program Class is **APRIL 15** but *during the fall and early spring semesters* applicants should be:

- ⇒ Registering for and completing the **Work Keys exam**
- ⇒ Setting up individual **meeting with PTA Advisor** to submit packet items and receive instructions on completing clinical observation hours requirements (*students should not be contacting sites regarding observation hour scheduling until **AFTER** meeting with and receiving approval from faculty advisor)
- ⇒ Beginning to **work on completion of 40 hours of observation** (AFTER meeting with faculty advisor) with deadline of May 1st for submission of all observation hour rating forms (sent directly from site to Program)

Some FAQ's regarding the application process:

- ⇒ How many applicants do you have each year/how many students do you take?

We normally have around 80+ applicants and accept 20 students per year

- ⇒ What factors are considered in application packet scoring?

Process is based 50% on academic score (grades, especially science) and 50% on non-academic score (interview, essay, observation ratings, etc.)

- ⇒ Does it matter how "old" some of my courses are?

No, with the exception of Human Anatomy & Physiology coursework, which must have been taken within the past 5 years

- ⇒ Where can I complete my observation hours requirement?

Observation hours can be completed under any licensed PT or PTA; students should complete hours in 2 different settings; observation forms cannot be completed by PT/PTA related to applicant; suggested observation site list made available to applicant during meeting with PTA advisors



It's About You!

BOSSIER PARISH COMMUNITY COLLEGE

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PTA PROGRAM
UPDATE—FALL 2015

Program Activities/Updates

BPCC PTA students and faculty take observational gait and posture analysis on-the-road to do a little people watching and funnel cake eating at the Red River Revel, October 2015. It's typically the favorite lab activity of the year!



BPCC PTA students assisted with team physicals in August, 2015 taking vital signs and other standardized tests/ measures for the BPCC baseball, basketball, softball, cross-country, dance line and cheer teams.

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!!

“She allowed me to take part in the evaluations she conducted and made sure I saw a wide variety of everything the hospital had to offer. She was constantly looking for learning opportunities and helping me problem solve through new challenges.”

Re: Victoria Hamby, PT
St. Francis Medical Center

“If I expressed a weak area I wished to work on, my CI sought out opportunities that would allow me to practice. She gave me practical knowledge based on her experiences to build upon what I had learned in class.”

Re: Alison Cardin, PTA
Northern Louisiana Medical Center

“He constantly asked me in-depth questions to test my critical thinking skills. If there was something I struggled with remembering, he broke it down to basics first then helped me analyze each step going up to come up with the correct answer in the end.”

Re: Matt Armstrong, PT
Willis-Knighton Health System

“She STRONGLY encouraged outside reading to provide the best evidence-based therapy. She was enthusiastic about teaching and willing to lend any of her resources to me to help me learn and grow. She was a great role model for being passionate about physical therapy!”

Re: Lori Wheat, PT
Wheat Physical Therapy

“He did a great job explaining treatments to me as he was doing them and talking through what he was trying to accomplish for the patient. If there were certain things he did not know in detail, he would find another PT/PTA with more experience in that area to work with me. He was always full of energy and made treatments a lot of fun.”

Re: John Wesley Reed, PTA
Melanie Massey Physical Therapy

“Laure is a great role model for how a PTA should be. I really admired how she cared for her patients. She is a great teacher, very patient, and always willing to help you learn!”

Re: Laure Limper, PTA
Marshall Manor

“Amber was very good at letting me advance with my independence in the clinical setting at my own pace while still being available to answer questions or help with procedures I was not comfortable doing solo. She has a way of not making you feel intimidated and putting you at ease which makes learning so much easier”

Re: Amber Johnson, PTA
Promise Rehab Hospital

