

Spring 2012



BOSSIER PARISH COMMUNITY COLLEGE PTA PROGRAM

Clinical Newsletter

PTA NPTE: Fixed Date Testing to Begin Spring 2012

In 2011, the National Physical Therapy Examination for PT's moved to "fixed date testing." In 2012 this change will occur for PTA candidates as well. For the PTA NPTE, continuous testing will cease after February 29, 2012, and will move to fixed dates. Those 2012 test dates will be 4/26/12, 7/17/12, and 10/30/12.

The FSBPTE reports that for 2013 and years in the foreseeable future, the PTA NPTE will be offered four times per year with those 2013 dates to be released/published sometime in October of 2012.

While licensure exam success rates for graduates of the BPCC PTA Program have always exceeded the national average, in response to this more structured timeline for testing, the BPCC PTA Program has taken the following steps to further improve student exam preparedness:

- Altered formatting of class/lab instructional content and assessment tools in the spring semester to facilitate critical thinking/ licensure exam question analysis skills necessary for NPTE success
- Increased utilization of "mock" licensure exams including practice exams authored by the FSBPTE
- Provision of resources and suggestions for clinical instructors to improve clinical practice's role in strengthening student exam preparedness

For more information, please feel free to contact PTA Program faculty or you may read more about the change to fixed date testing for the PTA NPTE at www.fsbpte.org

Frequently Asked Questions:

"What specific things can I do as a Clinical Instructor to help my SPTA prepare for licensure exam success?"

Clinical practice offers PTA students the opportunity to apply, utilize and perfect those skills and concepts covered in the class/lab setting and can actually be the *best* environment for facilitating the critical thinking and recall skills necessary for NPTE success. Clinical instructors should consider utilizing some of the following specific strategies to maximize opportunities for students to practice these skills:

- Ask your student to "flag" content from their PTA licensure preparation textbook, class notes, or other textbook resource that directly relates to patients they have seen that day/week and report to you pieces of relevant fundamental information/facts found (info on diagnosis, medication, PT exam assessment item, exercise in POC, etc.) and how that information could potentially impact interventions selected, patient progress, or other aspects of patient care.
- Have students identify findings in the patient's history or PT examination and compare/contrast those with "normal" findings (vital signs, posture/gait, development, etc.)
- Ask student to select interventions based on a review of the PT eval/POC and give a rationale for why those interventions *would be* appropriate. Then ask the student to identify some examples of interventions that *would not be* appropriate and give a rationale for *not* selecting those.
- Have student generate ideas for a *variety* of interventions that could be used to address the same goal or directive in the POC with a rationale for each. For example: goal is to decrease pain and POC calls for use of modalities; goal is to increase quad strength and POC calls for resistive exercises; goal is to increase patient step height/length and POC calls for gait and advanced gait activities.
- Ask student to identify what areas of weakness they *self-assessed* during spring mock licensure exam attempts in class. Look for opportunities to have student practice and apply skills in those "weaker" areas.
- Using the student's PTA licensure preparation textbook, flag mock exam questions to generate discussion at various points during the day/week as situations related to the content of the exam questions present themselves.
- Use a progression of questioning strategies for facilitating student "higher" thinking (*see page 2 of this newsletter*).

Asking vs Telling: A Model for Effective Clinical Instruction

In healthcare, asking your patients questions to identify their concerns, goals and needs is crucial in providing quality customized care. Likewise, in clinical education, questioning the student should be a central task. Yet studies have shown that the dominant teacher activity in medical education within all disciplines tends to be “telling” and not “asking.”

The **key reasons** for utilizing question-asking as instructional tool include:

- Questioning allows the instructor to “diagnose” the learner’s level of understanding and unique needs.
- Use of intriguing questions capture the learner’s attention and enhance their motivation for learning.
- The “right” kinds of questions take the learner beyond recall of basic facts, facilitating critical thinking and equipping them with the skills necessary for lifelong learning.
- Thought-provoking questions shift the responsibility for learning where it belongs—with the learner. Students acquire the ability to think for themselves instead of passively depending upon the teacher to dispense all necessary information.

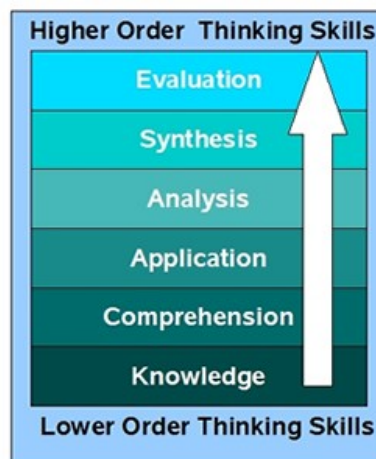
During clinical education, there is a strong temptation to **tell** rather than **ask**. Some of this is based upon the high priority clinical instructors must place on assuring that the patients being cared for by students receive high-quality care. Telling students what to do/say/write next is very tempting and students often reinforce this temptation with their direct requests for guidance. The path of least resistance is a direct response to such requests. The more difficult, but instructionally more desirable strategy, is built around asking rather than telling.

Questions are first needed to explore what the learner already knows or has already done and why. Questions that respectfully challenge them to explain rationales for what they have already done and then prompt them to propose what they should do next are vital, if instructors are to gain full insight into their thinking and needs.

Clinical educators should be aware of some of the do’s and don’ts of effective

question-asking including:

- **Avoid exclusively utilizing questions that tend to focus on simple recall** (“what are the rotator cuff muscles”). “Facts” can change and memories are fallible, so depending on memorized information can be dangerous and ineffective. A learner who can identify what information he *needs to know* to solve a problem and where to go to find that information is much better prepared to face varied case situations in the future.
- **Be sure to give a sufficient amount of time for the learner to respond before reacting or giving them the answer.** Studies have shown that teachers commonly wait one second or less for students to respond before reacting! When teachers intentionally waited longer than 3 seconds *significant* increases were seen in student critical thinking quantity and quality.
- **Begin with OPEN ended, higher level questions** that require the student to ana-



lyze, synthesize or evaluate information and only back-down to more **CLOSED questions that are at the lower “recall” level** of thinking as needed when you identify that the student is struggling with specific aspects of the presented problem. Higher level questions that facilitate analysis, synthesis or evaluation may include verbs such as “compare,” “design/create,” “justify,” “predict,” or “choose.” Lower level questions that require basic knowledge and comprehension may include

“list,” “name,” “locate,” or “give examples.”

- **Ask one question at a time**, as concisely as possible. Asking multiple questions in rapid succession tends to fluster and disorient students. If as a clinical instructor, several questions pop to mind at once, note or save some of them for asking at a later time.
- **Make sure that your questions, or the way in which you ask your questions aren’t designed to put the student “on the spot”** and won’t be perceived as an attempt to embarrass the student.
- **Ask questions that focus on the process as well as the outcome** of the learner’s thinking. Students can often arrive at a correct “answer” with incorrect or incomplete reasoning. Questions such as “how did you decide to....” or “tell me your reasoning for....” can help you detect mistakes in a student’s process and avoid future similar errors in process.
- **Model the kinds of questions you want learners to ask themselves.** Thinking “out loud” as a clinical instructor as you problem solve which interventions to select or how to interpret an assessment finding gives your student a framework for how to think in similar situations.

- **If there is opportunity, allow students to explain and ask questions of other students** and observe that interaction. Teaching/explaining a concept to another learner is one of the best activities for acquiring full understanding of content and interaction between students if often a less intimidating environment for practicing that skill.

The strategies suggested are designed to encourage learners to ask their own questions and more importantly to develop an automatic question-asking mind-set. An ancient saying elegantly sums up this approach. “Give me a fish and I eat for a day. Help me learn how to fish and I eat for a lifetime.”

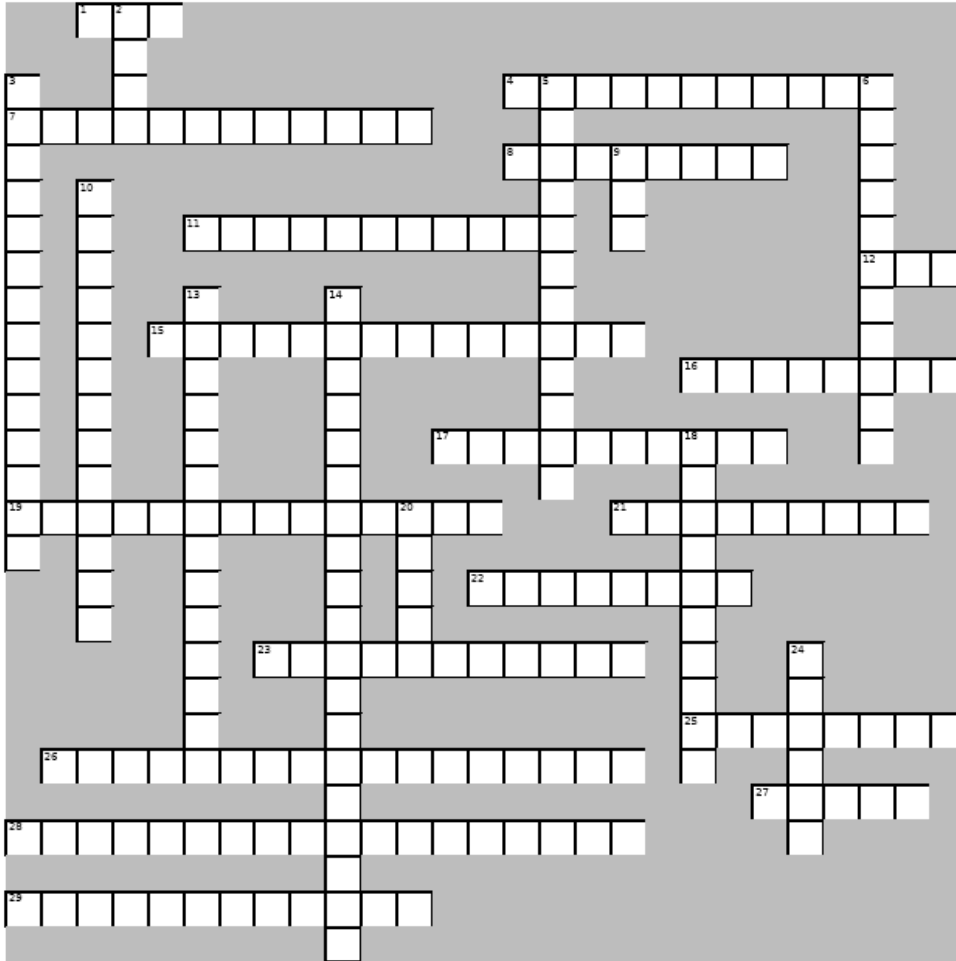
This article based in part on information from:

Westberg, Jane, and Hilliard Jason. *Collaborative Clinical Education: The Foundation of Effective Health Care*. New York: Springer, 1993

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!!



Down

2. primitive reflex in which the stimulus is sudden change of head position and the response is ext/abd of UE's and crying followed by hands across chest
3. other name for "heel off" in the gait cycle using Rancho Los Amigos terminology
5. location of the cell body of lower motor neurons
6. in the Nagi model of disability what decreased joint range of motion would be considered
9. abbreviation for disease that is the most common cause of lower extremity amputations
10. an incomplete lesion in which some of the innermost tracts of the spinal cord remain innervated.
13. separation of the rectus abdominis muscle along the linea alba that can occur during pregnancy
14. stage II of the Rancho Los Amigos levels of cognitive function for TBI patients in which patient reacts inconsistently and non-purposefully to stimuli.
18. cranial nerve responsible for motor input to the muscles of mastication and sensation from the face
20. open chain dynamic upper extremity movements would work on this level of motor control
24. type of aphasia caused by damage to the left frontal lobe and described as "non-fluent"

Across

1. abbreviation for type of AFO that controls for IV/EV, but allows normal DF/PF
4. fold of dura mater separating the superior aspects of the left and right hemispheres of the brain
7. type of prosthetic shank consisting of a central aluminum pylon covered by a soft foam rubber
8. one type of gait pattern caused by paralysis of dorsiflexors
11. category of antihypertensive drug that works by decreasing heart rate and contractility. Tenormin and Lopressor are examples.
12. abbreviation for a type of HKAFO that uses a cable system to assist with the advancement of the LE's during gait
15. artery most frequently occluded as a result of cerebrovascular disease
16. syndrome of adrenal dysfunction producing excessive cortisol and resulting in a "moon shaped" face and a "buffalo hump"
17. type of TLSO used with scoliosis and worn at night - also referred to as the "bending" brace or nocturnal brace
19. largest white matter (tract) connecting the left and right hemisphere
21. minimum width of a doorway in inches according to ADA accessibility requirements
22. a FIM score of "6" indicates that a patient is _____ independent
23. total volume of air inspired and expired during quiet breathing
25. ethical principle requiring that the wishes of competent individuals be honored - can also be referred to as self-determination
26. disorder caused by demyelination of nerves in the brain and spinal cord
27. as opposed to "nominal" or "ordinal", measurement scale in which intervals between adjacent values are equal and there is a true zero (such as ROM or distance walked)
28. mechanoreceptors found in skin, bones and joints that detect vibration
29. a PNF technique involving slow and resisted concentric contractions of agonists and antagonists around a joint without a rest in between.



It's About You!

BPCC PTA students, faculty, and alumni participated in a variety of community service activities/projects this year, including:

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Clinical Educators

Right: BPCC PTA students and faculty participated in a health fair for employees and residents of Northwest Supports and Services October 7, 2011.



Left: BPCC PTA students come out on a very frigid morning to present a check for the \$1200 they raised to support Phelan-Mcdermid Syndrome Foundation to Tiffany Engle, PT at the "Team Tabitha" 5K on February 12, 2012



Right: BPCC PTA Program students, faculty and alumni participated in "Hustle for your Health" - the Shreveport District LPTA PT Month 5K—October 8, 2011



PTA PROGRAM
UPDATE—SPRING
2012

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 would have me come up with a variety of ways to address each goal in the POC. It really challenged me to be more creative and to be able to explain rationales for why certain interventions are selected."

Re: Kelli Kent, PT
Northwest Supports and Services

"She was great at helping me understand and practice the skills that

can make an acute patient treatment go smoothly—things such as placement of equipment, the order in which to do certain interventions, my body mechanics with moving the patient, etc. Becoming more proficient at things like that are extremely helpful in the real world."

Re: Katie Smith, PTA
Willis-Knighton Health System

"He asked me to give him the rationale for why I was doing certain treatments and would then help fine-tune my answer if I wasn't fully on-track."

Re: Jeff Spears, PTA
Guest Care Rehab

"She asked me to think out loud as I worked with a patient or tried to come up with ideas for exercises. It really helped me critically think and she was able

to see where to jump in to help me problem-solve."

Re: Kim Roach, PT
Melanie Massey Physical Therapy

"He asked me questions that had me work on a lot of problem-solving. He prompted me to look at things in the patient's history and examination (MRI results, tests/measures taken, etc..) and connect those to the goals that he set and the POC for the patient."

RE: Chris Cathcart, PT
LSUHSC Shreveport

"She would have me write notes and evaluate those, but she would also write SOAP notes herself on patients we treated together and intentionally put errors in the note, then ask me to find and fix those mistakes."

Re: Tiffany Engle, PT
Willis-Knighton Health System

