

Fall 2017



BOSSIER PARISH COMMUNITY COLLEGE

PTA Program Clinical Newsletter

Integrating a Learner into a Busy Practice Setting: Tips for Success

If one thing is certain in life, it is that your workplace (hospital, clinic, etc) is a **BUSY** place. Managed care and other changes are making it even busier. At the same time, your setting is an increasingly **valuable** site for training future PT/PTA professionals and so there is high pressure to make room for students. How can you integrate these learners into your practice while maintaining your sanity and your bottom line? The purpose of this article is provide some helpful hints and also to encourage clinical instructors to SHARE what has worked for them (see upcoming post on BPCC Clinical Instructors Facebook Page).

Five Steps to Integrating Learners Into the Busy Practice

As you work to integrate learners into your practice, there are five steps to consider: 1) orienting the learner to your practice, 2) encouraging patient acceptance of both your learners and your practice's role as a teaching facility, 3) adapting your patient schedule when working with a learner, 4) keeping the flow going, and 5) finding time to teach.

Orientation

The learner usually arrives first thing on a Monday morning to a busy office, often after you have had a busy weekend. Without a clear orientation process, it can take days or even weeks for learners to figure out the basics of how the practice operates! Taking the time at the very start of the rotation to instruct learners in these areas will pay off in increased efficiency throughout the rest of the rotation. It is also an excellent way to be sure you and the student are "on the same page" regarding expectations for performance, pace/progression, goals, etc. The entire orientation does not have to take place during one "sit down" meeting on day 1, but consider keeping a checklist of the following conversation prompts to be sure you've covered all bases during

down time moments over the course of the first few days:

- **Orientation to the practice:** student's work space, suggested materials/supplies to bring, dress code, hours/schedule for typical work day, parking, lunch or other breaks, policy regarding cell phone use, introduction of clinic staff and roles, expected learning opportunities, unique/special learning opportunities, pertinent department or facility policies, what to do in case of illness/missed clinic day, documentation/billing policies and processes
- **Learner's perspective**—prior clinical rotations, previous degrees/work experience, physical therapy personal experiences, learning style, prior positive and/or negative experiences with learning, learner perceived strengths and weaknesses, what the learner most excited about/nervous about, the student's goals/objectives for first day/week/rotation
- **Clinical Instructor's perspective**—your expectations regarding progress over the course of the rotation, insights into your teaching style, your "pet peeves" (what's really important to you), common things previous students struggled with in this setting, suggestions for "homework" to prep for success in this setting, insights into your own clinical rotation experiences (as a student) including your own areas of weakness that you were able to overcome, your style for delivering feedback/constructive critique, your preferences for how the student should communicate concerns/requests to you, your goals for the student for first day/week/rotation

Patient Acceptance

Many clinicians who are thinking about having learners become a part of their practice are concerned about how their patients will respond to the presence of the student. The majority of patients enjoy and benefit from the presence of learners. You can take

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several steps to assure this positive reaction and prevent potential problems with your patients. For example:

- **Hang a notice in the waiting room** indicating that your clinic/practice is a teaching site and inviting patients to welcome the incoming student (include a picture and some brief biographical info on the sign)
- Check with patients to **make sure they are willing to be seen by a student** (or make sure the student asks before beginning a patient encounter). Make sure both the patient and the student understand that it is acceptable for the patient to decline to be seen by the student and the student should not take this personally.
- Review the schedule at the start of the day with the learner, and indicate which patients would be **particularly good for the learner to see** and which patients prefer not to be seen by learners.
- **Identify patients with interesting physical findings** and let the patient know how useful this is for learners to see or hear. Some patients will point out such a finding with future learners and begin to instruct them on how to examine it.
- One teaching practice emphasizes the patient's role as teacher by having each **patient fill out an evaluation of the learner**; questions ask about the learner's friendliness, interest in the patient and listening skills, knowledge, overall care, and whether the patient would be willing to be seen by future learners.
- **Thank patients** (and make sure the student thanks the patients) for their involvement in teaching the learner.

Scheduling

Research has shown that the presence of a learner in a practice can increase the workload by as much as 45 minutes per day. CIs address this issue in different ways: some see the same number of patients and have a longer work day, others see fewer patients or schedule different kinds of appointments when working with a learner. Some ideas for time management include:

- Some preceptors **block out one or more appointment spots** on their schedule (each day or spaced intermittently over the course of the rotation) when they are working with a learner. This can be used as teaching or catch up time.
- Schedule blocks of time periodically for the student to **work with another practitioner** in the department. This can give you a break and some time to catch up. – although one person still needs to be identified as the primary CI for purposes of continuity and evaluation.

- Schedule a block of time (half-day for example) for the learner to **work with staff in a different department** all together (rounds with a wound care nurse, observe a surgery, team meetings with case manager, etc) Learners often report that this exposure enhances their appreciation for the other staff's roles and responsibilities.
- Schedule time for the student to participate in activities that **don't require your direct supervision** (such as data collection/research). Examples: chart reviews for data collection related to ongoing performance improvement plan or to collect outcomes data for evidenced based practice research; literature review on best practices for a given diagnosis or impairment, chart review/PT evaluation review to scavenger hunt for particular findings (find 10 references to special test results and be prepared to discuss... find most current lab values on 10 of our patients and be prepared to discuss), have student prepare patient education materials or clinical inservice.

Keeping Things Moving

Keeping things moving along while teaching in a busy practice is a vital and ongoing challenge. Several measures can help prevent you from getting too far behind in the schedule.

- The learner **does not have to see every patient**. You can go over the schedule in advance and indicate which patients the learner should see. This allows you to select the most appropriate patients and fit in some time for the learner to write notes and look things up – and time for you to see the rest of the patients.
- Or you can **develop a pattern**: you see a patient while the learner sees another. After you finish with your patient, you review the learner's patient with him or her. See a third patient while the learner writes his or her note. Then start the cycle again.
- Even if the learner is not seeing all the patients, you can still **pull him or her in briefly** for interesting findings or appropriate procedures. Encourage your coworkers to grab the learner from time to time for interesting cases. This can give you a brief break and enhance the learning for the learner.
- Sometimes preceptors slow things down by trying to get too much teaching in between patients. Using focused teaching techniques such as the **One Minute Preceptor** (covered in a previous newsletter) can make efficient use of the time.

What do you do if you get way behind schedule?

- It is okay to tell the learner to work on

his or her documentation, or to read up on something until you get your head above water. NOTE: This works best if you have informed the learner in advance that this happens from time to time, so that it is expected and they know to keep themselves occupied while you catch up.

- If you have a **slower learner** who is taking 45 minutes to perform some basic treatment techniques, you can set strict time limits: "You have 15 minutes to get some measurements of strength and ROM and after 15 minutes come out with whatever you have."
- Often learners struggle with **efficiency with documentation**. This is often because they try to write too much (everything that was said and done). Consider taking away pen/paper having the learner first verbally summarize the treatment session. Another option is to give a very small note pad to the learner and require that he or she only use one sheet per patient.

Teaching Time

Being a CI is supposed to be about teaching, but sometimes it is difficult to find the time or energy to get much formal teaching in. Recognize that there is a tremendous amount of experiential learning that occurs in your practice (just the act of observing you "do what you do" **is teaching**). At the same time, you want to optimize the formal teaching that you do.

While seeing patients:

- It can help to use specific efficient teaching techniques such as the **One-Minute Preceptor**.
- In discussing a patient's case, briefly **highlight one or two things** and get back to other aspects of the case later, as time permits.
- Sometimes when you do have a moment for teaching, it is hard to recall pertinent topics. **Jotting a note** on the border of your patient care schedule or keeping a note card in your pocket can help you keep track of teaching points to make or feedback which you need to share with the learner. Likewise, you can encourage the learner to keep a notebook to record questions and issues to discuss at later times.

Finding time to review:

- Spending a **few minutes at the end of the day** or half-day reviewing the list of patients seen gives you an opportunity to review or solidify teaching points made earlier in the day.
- **Lunch time** works well for some CIs. Discussion of the morning cases over lunch can serve the dual purpose of nourishing the mind and insuring that you get your lunch.

Beware of confidentiality issues if you lunch in public places.

- **Travel time** to and from facilities, patient homes, departments can become a routine time for teaching and feedback.

Other means of providing teaching:

- Many CIs **have the learner review a topic** and present it to them the following morning. The topic can be based on a case seen that day or on a patient scheduled for the upcoming day. Set a specific time limit (5 minutes) and format for the presentation, and be sure that you give the learner a chance to present what he or she has reviewed. By having the learner do the research, you save yourself some time and also foster more active learning for the learner.
- For your five or ten most common teaching topics, you might want to **collect readings** or dictate your talk and keep these materials in a folder that your learner can readily access.
- Reflect on your teaching: ask yourself and your learner what teaching approaches you have used, **whether they were effective** or not and why, and what – if anything – you might do differently next time. Doing this exercise regularly throughout the rotation (for a few minutes every few days) will help reinforce your good teaching habits and give you time to try alternatives to less successful strategies

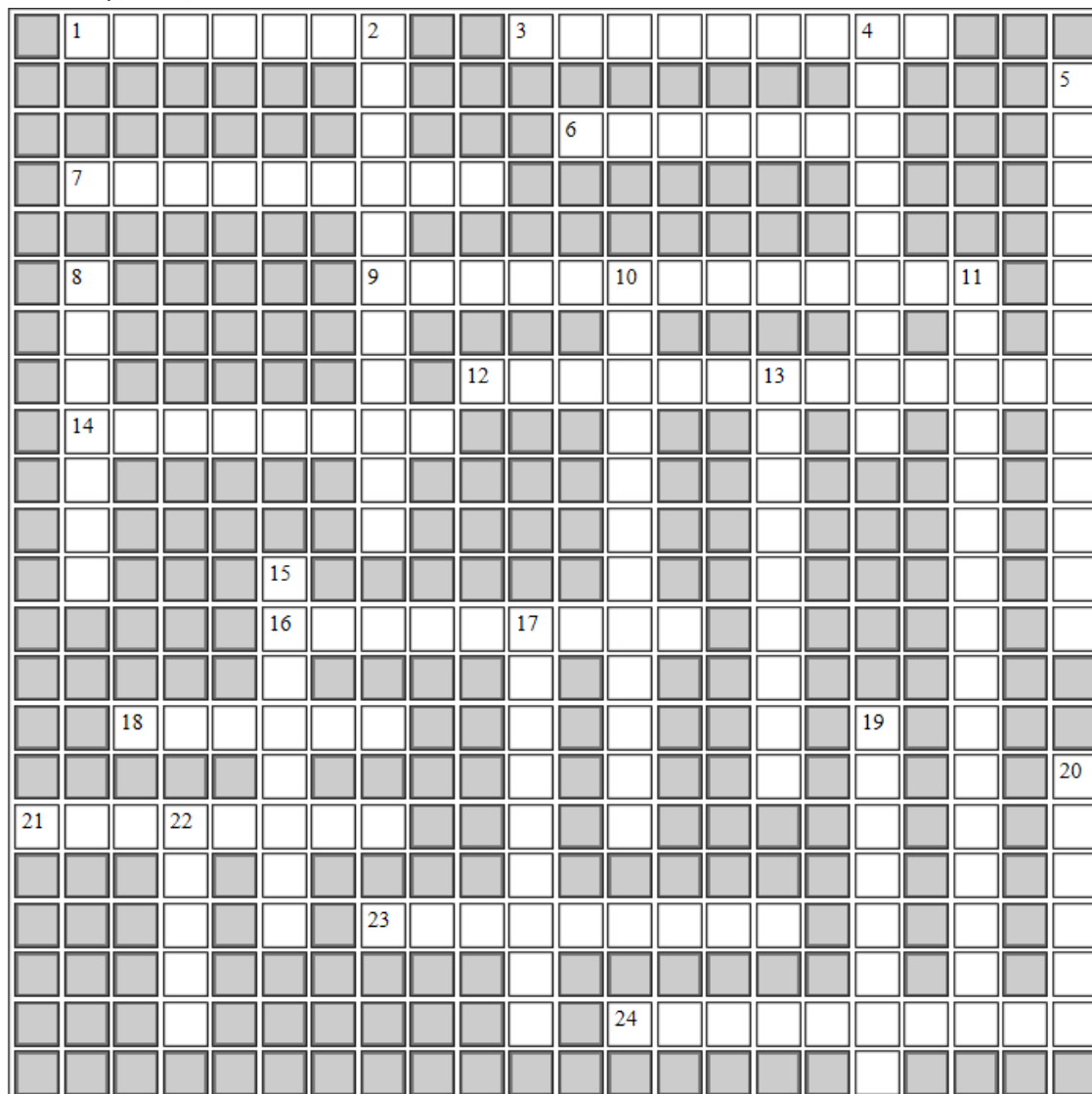
While you can get "bogged down" by trying to integrate too much teaching every day, not setting aside any time for teaching will also result in adverse outcomes. It can help to proactively set aside some time for teaching each day. Focus on brief teaching points as you observe learner– patient encounters and respond to case presentations during the day. And keep notes, or have your learner keep notes, to remind you about longer teaching issues you can cover at the designated teaching time. Encouraging your learner to seek knowledge from other sources as well promotes his or her active learning and relieves you of some teaching time

As clinical instructors, you are balancing learner training with patient care. Undertaking these two tasks does not have to result in twice the workload. The challenge – and reward – of community-based precepting is in integrating teaching and patient care in synergistic ways that enhance each task and **keep your work stimulating and your workload manageable**.

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. 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

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



It's About You!

**BOSSIER PARISH COMMUNITY
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PTA PROGRAM
UPDATE—FALL 2017

Program Activities/Updates

Some of the BPCC PTA students and faculty enjoy Capri Suns and Moon Pies, don their special shades, and participate in a little solar eclipse viewing party at BPCC. September 2017.



A few of the BPCC PTA students assisted with team physicals in August, 2017 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!!

“Sharon was great of giving tidbits she has learned through her experience. Like better hand placements during transfers. She was great at showing how to use the hospital bed to your advantage. She took time to demonstrate things on me and to let me in turn practice on her.”

Re: Sharon Strange, PTA
Christus Health System

“Courtnei allowed me to handle what would typically be a normal PTA's daily case load so I could learn what it would be like to treat a patient as POC calls for while ensuring they met their insurance RUG requirements. Being able to actually work through that and have her guidance as needed was real-

ly beneficial in preparing me for an actual clinical day's work. “

Re: Courtnei Turner, PTA
Alpine Rehabilitation

“After discussing exercises for a patient, Chris would ask “How could you make that more/less difficult?” This really made me think about how I planned to modify an exercise I selected based on how the patient responded. If I was sitting in on an eval, he would ask me if I was starting to think of diagnoses that were consistent with the symptoms discussed or special tests used. “

Re: Chris Fultz, PT
Core Physical Therapy

“Ann is a fantastic CI. She is excellent at making sure you are comfortable in a situation before setting you free to handle a patient on your own. If you are uncomfortable at all or have any questions, she is quick to give knowledgeable answers/feedback. She is very positive and created a positive atmosphere for her patients and a great learning environment for her students. She really has every intention of teaching you every “trick in the book.” She is very creative and opens your eyes to many new creative exercises to work on with patients of various levels. I couldn't have asked for a better CI. She cares about teaching you beyond the skills listed in the MACS, but makes sure you get what you can checked off too. “

Re: Ann Engle, PTA
WK Inpatient Rehab

“Jonathan would pick a day and act as my “tech” for the day, which was really tough and scary at first but gave me such insight to an actual day in the life of a PTA.. I'm so grateful for that experience!”

Re: Jonathan Austin, PT
Glory Therapy

