

Fall 2010



BOSSIER PARISH COMMUNITY COLLEGE

Fall 2010

# New Resources for BPCC Clinical Educators



The PTA Program at Bossier Parish Community College (BPCC) has introduced 3 new tools for clinical sites and instructors. Beginning Fall of 2010, the Program will utilize bi-annual newsletters, an enhanced Program website, and a Clinical Education Facebook page to post/distribute information and facilitate communication for and between clinical instructors.

The fall/spring newsletters will update CIs on program changes, address frequently asked questions, provide suggestions for facilitating clinical learning, and give examples of lecture/lab academic content covered that semester.

The Program website located at [bpcc.edu/pta](http://bpcc.edu/pta) will now include a

page for clinical instructors where they can access program policies, procedures, forms and answers to FAQ's.

And finally the Program will utilize a Facebook page (BPCC Allied Health Programs Clinical Educators) for enhanced communication to/from CI's and the school.

## Frequently Asked Questions:

**"What are the Medicare rules that I should be aware of when supervising PT/PTA students?"**

Medicare reimbursement for student services differs between Medicare part A and part B. Services rendered by students in the hospital, SNF and IP rehab environments (**part A**) are reimbursable so long as the supervising practitioner provides **"line of sight" supervision**. Student services under Medicare part B (outpatient, non-SNF nursing home, private practice) are **not reimbursable**. However, the student may still be present and participate in the care of the part B patient so long as (examples from

Practice Setting	PT Student		PTA Student	
	Part A	Part B	Part A	Part B
Private Practice	N/A	X	N/A	X
Certified Rehab Agency	N/A	X	N/A	X
Comprehensive OP Rehab	N/A	X		X
Skilled Nursing Facility				X
				N/A

This information was changed/updated SEPTEMBER 2011. The updated response to this FAQ can be found on our Program website at <http://www.bpcc.edu/pta/clinicalinstructors/faqs.html>

APTA.org):

*"The qualified practitioner is present and in the room for student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment."*

*"The qualified practitioner is present in the room guiding the student in the service delivery when the therapy student and the therapy assistant student are participating in the provision of services and the practitioner is not engaged in treating another patient or*

APTA also states with regards to PTAs serving as clinical instructors for PTA students in Medicare part B settings that:

*"Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary."*

### Key:

- Y: reimbursable
- X: not reimbursable
- N/A: not applicable
- NAR: not addressed in regulation.

For More Information go to APTA.org and search for "Medicare and Student Services"

Questions or Comments?

Kim Cox, PT, MEd.  
ACCE—BPCC PTA Program  
6220 E. Texas St.  
Bossier City, LA 71111  
(318) 678-6107  
[kcox@bpcc.edu](mailto:kcox@bpcc.edu)

# Affective Skills—Part I—General Tips and Guidelines

In writing this article, I am preparing to send a new group of 20 PTA students out for their first clinical experiences. They, like all of the students I've worked with for the past 13 years, are excited and nervous. They are worried about things like taking a goniometric measurement, recalling the total hip precautions, performing an ultrasound, or being able to name the rotator cuff muscles when quizzed. What doesn't occur to them, and what I spend a lot of time emphasizing to them, is that while these "cognitive" and "psychomotor" skills are certainly very important, they are *almost never* the "make or break" skills in the clinical environment.

A student who has difficulty recalling normal lab values can be given assignments to "read up" on those. A student who isn't able to perform an effective stand pivot transfer can be given more opportunities to practice and "talked through" the technique. What is *much* more difficult to address is the student who doesn't appear motivated to learn, who is defensive when given constructive critique, who is extremely shy/quiet, or who frequently shares too much personal information. Those "affective" skills (1) are much harder to objectively define & identify (2) can be uncomfortable for a CI to initiate a conversation about and (3) can therefore present a *large obstacle* to the student successfully completing the clinical experience/becoming an effective and professional clinician.

In considering whether to address and how to go about addressing deficits in a student's affective skill(s) the clinical instructor may benefit from using the following strategies/considering the following information:

Commitment to Learning

Interpersonal Skills

Communication Skills

Time Management

Use of Constructive Feedback

Problem Solving/Critical Thinking

Professionalism

Responsibility

Stress Management

- In most cases the student is unaware that a particular behavior is being perceived as unprofessional. Realize that there is often a *large disconnect between "intention" and "perception"*.
- Affective "skills", just like cognitive and psychomotor skills *can be practiced and improved*. But in order for this to happen the behavior must be identified, expectations for performance clearly communicated, and ongoing feedback provided.
- Identify and give feedback on *objective/specific behaviors*. For example, saying "when talking to the techs you tend to interrupt/finish their sentences and don't maintain eye contact with them — which gives the perception that you don't respect their opinions" *is better feedback than* "you treat the technicians disrespectfully".
- Students will respond better to constructive feedback on affective skills when

*combined with positive feedback*. For example, "your transfer technique with that last patient was very good.. Just remember to work on speaking with more confidence and voice volume".

- Let the student know during your first day(s) of the rotation that you will be observing and giving feedback on these skills. Not all potential problems can be anticipated, but set clear expectations for some of the more "common" affective skill issues/behaviors.
- Be sure to *enlist the help of the Program's ACCE/DCE*. He/she will have more insights into the student's classroom behavior, communication & learning style, and performance history from other clinical rotations. They will also be able to assist you with setting objectives/goals for those skills and documenting progress.

## Program Admissions: 2010-2011 Class Statistics

Number of Qualified Applicants: 62

Number Selected: 20

Application selection formula based on:

50% - Academic Score

- Science prerequisites weighted more heavily than non-sciences

50% - Nonacademic Score coming from:

- Observation rating form scores (completed by PT/PTAs)
- College instructor rating form scores
- Interview score (written and oral components)

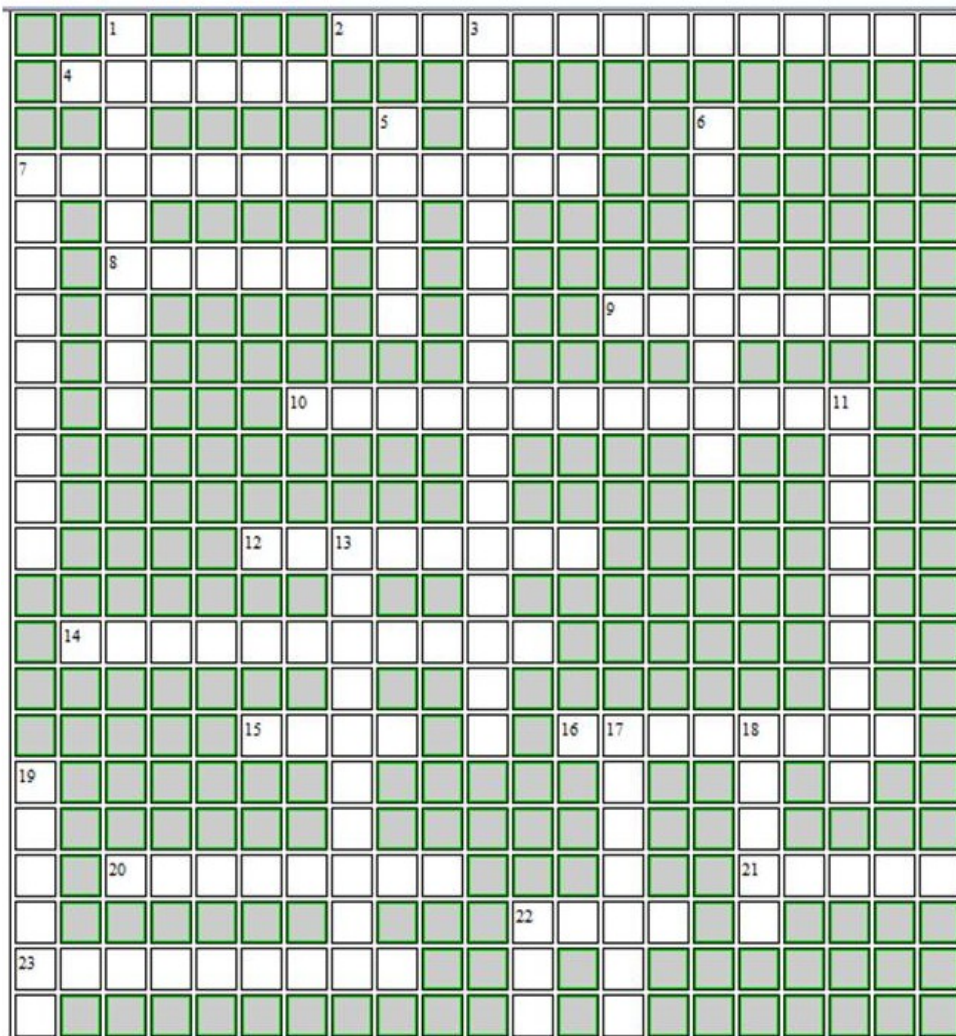
Timeline/procedure for 2011-2012 selection process:

- Application packet (at [bpcc.edu/pta](http://bpcc.edu/pta)) and observation rating forms due by April 15, 2011
- Pre-PTA coursework must be completed by end of spring 2011 semester

# 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

2. muscle also known as the "lateral hamstring"
4. test for DVT
7. type of e-stim that can elicit a contraction from a denervated muscle
8. test for IT band/TFL tightness
9. test for femoral anteversion/retroversion
10. this problem, also called 'acidosis' causes the patient to present as drowsy, thirsty and with "fruity" smelling breath
12. location of the goniometer axis during measurement of wrist rad/ulnar deviation
14. a drop in blood pressure with moving to an upright posture is termed \_\_\_\_\_ hypotension
15. empty endfeels are typically due to this
16. carpal bone that forms the floor of the anatomic snuff box
20. the minimum intensity of an electrical stimulation that will result in a muscle contraction
21. the most common class of lever system in the body
22. completing full range of motion in a gravity-eliminated position is equivalent to this MMT grade
23. wound dressings that are derived from seaweed and used to absorb large amounts of exudate

## Down

1. a patient just learning to use bilateral loftstrand crutches would probably ambulate using this pattern
3. movement most limited in the capsular pattern for the shoulder
5. patient position for MMT of the middle trapezius
6. during D1 extension, the forearm (radioulnar joint) is \_\_\_\_\_
7. doing a "non-thermal" ultrasound treatment requires that you adjust this parameter
11. Covering a wound with a duoderm in order to let the "body" help debride the necrotic tissue in the wound is classified as this KIND of debridement
13. massage technique that involves lifting and kneading of tissues
17. negatively charged electrode
18. unit of measure for the FREQUENCY of an ultrasound or estim signal
19. peripheral nerve that innervates the wrist/finger extensors
22. abbreviation for the spinal ligament that lies posterior to the vertebral bodies, but anterior to the spinal cord





*It's About You!*

**BOSSIER PARISH COMMUNITY  
COLLEGE**

6220 E. Texas St.  
Bossier City, LA 71111

Laura Bryant, PT, MEd.—Program Director  
Kim Cox, PT, MEd.—ACCE

Phone: 678-6107 or 678-6079  
Fax: 678-6199

E-mail: [kcox@bpcc.edu](mailto:kcox@bpcc.edu) or  
[lbryant@bpcc.edu](mailto:lbryant@bpcc.edu)  
Website: [bpcc.edu/pta](http://bpcc.edu/pta)

PTA PROGRAM  
UPDATE—FALL 2010

**BPCC PTA Program Facts:**

- **History:** The PTA Program at BPCC was developed in 1996 and will graduate it's 14th class in August of 2011.
- **Accreditation:** The PTA Program at Bossier Parish Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). Information regarding CAPTE or the accreditation process can be obtained at [www.apta.org](http://www.apta.org).
- **Retention and Licensure Exam Success:** BPCC graduates 95% of admitted PTA Program students. The 3-year average ultimate pass rate on the Licensure Examination is 98%.
- **Job Placement:** Based upon the 2009 graduate survey, 82% of BPCC PTA graduates found employment within 3 months following graduation.

## 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 did an incredible job of letting me know what she expected of me as a student PTA on my first clinical rotation. She was excellent at assessing my capabilities and providing me with enough freedom to independently treat and learn from my experiences.”

Re: Natalie McLemore, PTA  
LSUHSC

“Gave me a lot of feedback!! She was constantly telling me what I did well (along with identifying what I could improve on). She gave me space when she felt comfortable enough for me to be with my patients alone. She asked lots of questions to make me think!”

Re: Latonya Brown, PT  
Overton Brooks VAMC

“My CI would often quiz me concerning patients (posture, gait pattern etc.). She challenged me to come up with exercises/interventions appropriate for the patient (based on their POC) for the next session.”

Re: Laura Johnson, PTA  
Christus Schumpert Rehab

“I've never done a chart review in as much detail as this setting required. My CI was aware of this so as he would look through the chart he verbalized what was important for me to look at because you could spend hours with a chart!”

Re: Nilesch Patel, PT  
WK Bossier

“When I would ask what he wanted me to do with a pt., he would always ask me in return, “What do you want to do?” He had me look up things to find the answer and if I was un-

sure then he would lead me into the right direction.”

Re: Kevin Sowell, PT  
Bayou State Physical Therapy

“She was very on top of what skills from the MACS I needed to address and did her best to give me opportunities to practice as many of those skills as possible”

Re: April Hudson, PTA  
TheraTeam

“I was able to go in with him on evals, and then he would ask me questions and help me to come to answers that I didn't even know I was prepared to come up with. I saw how much I really did know about the stuff I had been learning in class.”

Re: Rickey Killian, PT  
Performance Physical Therapy of Minden

“My CI made sure that I understood what my responsibilities as a student would be. She gave a lot of positive feedback and encouraged me to ask questions.”

Re: Angela Wideman, PTA  
Melanie Massey Physical Therapy

