

Fall 2011



BOSSIER PARISH COMMUNITY COLLEGE

# Clinical Newsletter

## Physical Therapy in the Acute Setting: A new lab experience for BPCC PTA students

Clinical instructor and clinical site feedback over the past few years has suggested that PTA students would benefit from receiving additional training and preparation for the acute environment. The BPCC PTA Program is pleased to announce that in response to this feedback, we've begun working with Ms. Terrie Durel, RN (Nursing and Allied Health Instructor at BPCC) to develop PTA training activities utilizing BPCC's new state of the art *Nursing Simulation Lab*. Ms. Durel has 20+ years of nursing education experience and will be available to assist with setup, simulation design, video recording and viewing/debriefing after patient simulations are performed. Although full time with the Nursing program, Ms. Durel is excited about collaborating with PTA instructors in constructing mock patient charts, developing physical therapy treatment and assessment scenarios and providing lab experiences designed to improve the acute care educational experiences provided to PTA students.

*METIman*, is the star of the simulation lab. *METIman* is cutting edge simulation technology that uses wireless MUSE software, on-board pneumatic, fluid and electrical systems to provide a multitude of training scenarios and acute care patient interactions. The patient can be fitted with a variety of monitoring devices and catheters. Vital signs can be changed with the touch of a button or in response to interventions, and the patient can also be cued to speak, answer questions, cough, vomit, ooze from wounds, moan and refuse therapy! In addition to *METIman*, the Simulation lab is equipped with 5 other adult remote control simulation patients, one NICU infant and one Pediatric simulator, all present in a typical hospital/ICU environment including all of the "bells and whistles." Many of these



patients have interchangeable body parts complete with wounds in need of attention. Pulses are available at all major palpation sites and can be modified independently for assessment purposes. Patient charts are being constructed and scenarios developed to supplement PTA patient care assessment and intervention skills that will be included in the PTA curriculum as early as October 2011.

We look forward to continued feedback from clinical instructors to help us as we fine-tune the lab experiences involving the use of this technology/equipment. If you have specific suggestions for content/scenarios, or would be willing to be involved as a guest lab instructor please let us know. Your feedback and participation is always vital to the ongoing improvement of our Program and students!

### **Please consider:**

If you would be willing to edit one or more of your acute setting PT evaluations so that they are hypothetical and "HIPAA-friendly" we would love to use those to design learning experiences! Please send to:

Laura Bryant, Program Director at  
lbryant@bpcc.edu

# Throw them to the Wolves or Hold their Hand??

## Finding the Happy Medium for Student Supervision...

In order for students to transition from novice “observers” to entry-level “practitioners”, clinical experiences must provide a progression toward more and more independence in both skill performance and clinical problem-solving. Clinical instructors can find it a challenge to select the right balance between “hand-holding” (to assure patient safety and student comfort) and “throwing them out there” to facilitate more independent practice. Decisions regarding the best level of supervision should take into consideration the preparation and learning style of the *student* along with the needs of the *CI and patient*. Some points to consider include:

(1) **The expectations and learning style of the student.** A student who feels “overwhelmed” by too much independence may end up being too stressed to learn, while a student who feels “bored” will also fail to reach maximal potential. Be aware that students may be hesitant to express these feelings to their clinical instructor, so tools or strategies that you can use to help identify the student’s expectations/learning style include:

- The **biography form** which is sent to the facility CCCE preceding the clinical rotation — It includes information regarding learning style, indicating whether the student hopes to “progress very slowly/gradually during the rotation” or “quickly progress in terms of responsibility and independence”. It will also give you insights into the student’s prior work or academic experience to use in determining appropriate levels and progression of independence.

- Open-ended questions during **orientation/first day** of the rotation such as, “in terms of level of independence you’re given... what did you like or not like about how previous CI’s have handled that?” or “I’m planning to have you mostly watch this week, then progress to performing components of treatments and by the end of the rotation having some independence with patients that are “yours”.. is that what you were expecting?”

- Ongoing questions/**communication throughout the rotation** such as, “how is this rotation like what you expected? How is it different than what you expected? Do you feel ready for more independence?”

- Use of a **visual analog scale** with “feel thrown to the wolves” on one end and “feel hand-held” on the other. Having the student mark an “X” along the continuum can give you feedback regarding their comfort level.



(2) **Expectations of the program.** BPCC PTA students have, in their MACS, a “pre-clinical competency checklist” (**PCCC**). Referencing this tool, along with the letter sent by the Program prior to the student’s first day and the **Clinical Handbook** description of each of the 4 rotation blocks can help you identify what skills the student has had exposure to in class/lab and what skills the Program expects the student to demonstrate proficiency with in the clinical environment.

While the preparedness of each student and complexity of each clinical environment does vary, none of the clinical experiences are intended to be purely “observational”. In other words every BPCC PTA student on every rotation should be able to progress toward or to an “entry-level” level of independence and skill performance by the end of the experience.

(3) **Needs of the patient and the clinical site/instructor.** The acuity and complexity of a patient’s impairments are also factors that should be considered in selecting the appropriate level of independence for students. Patients with more critical presentations, multi-system involvement or those who have a fluctuating

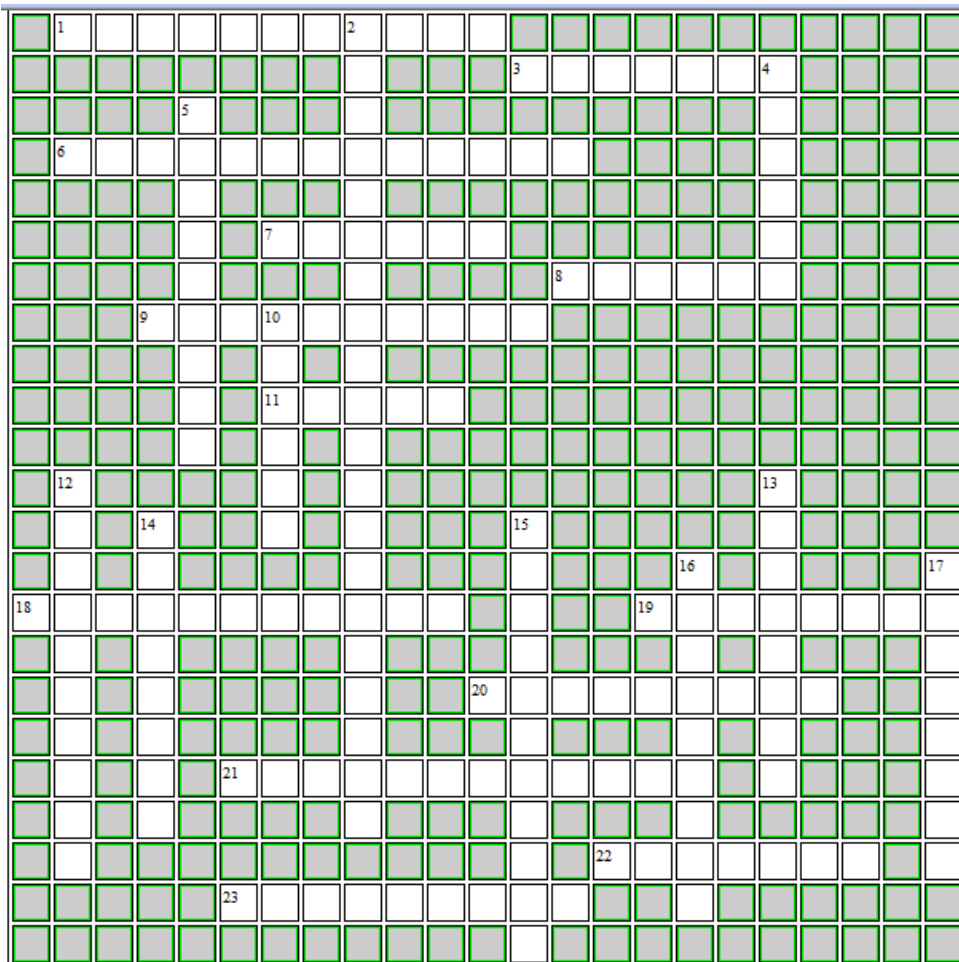
status should not be delegated to PTA students without direct supervision. Facility policies, legal/billing considerations, practice act guidelines, and supervising PT judgment/wishes (when the CI is a PTA) are also important to identify and follow in each practice setting.

“Throwing them to the wolves” as a teaching technique has its pros & cons. It is certainly a strategy that can facilitate more independent critical thinking and problem solving, but it can also create student stress, risk patient safety, and be perceived as using a student as an employee vs providing a student “training”. “Hand-holding” on the other hand, while it does ensure that the CI is providing ongoing instruction, if utilized exclusively inhibits the ability of the student to develop independent problem-solving skills. Collaboration and open communication with each student and with the Program ACCE is the best method for helping you identify and adjust accordingly the level of independence/supervision used. Matching CI teaching/supervision strategy to the needs of the student, patient, and Program is the ultimate goal of clinical education.

# 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. the hand-grip for crutches should align with this bony landmark
4. resisted heel raising with the knees flexed would be used to elicit contraction/target what muscle?
5. identifying that the targeted tissue to treat using ultrasound is DEEP vs superficial would require adjusting what parameter?
10. as opposed to "twitch", this results when using e-stim at a frequency of >30pps
12. what Title I of the ADA (Americans with Disabilities Act) addresses/covers
13. the total accumulated "charge" delivered by monophasic e-stim would be measured in these units
14. gait pattern that would require separate bilateral assistive devices
15. more common name for lateral epicondylitis
16. movement that should typically be avoided by patients with spinal stenosis or spondylolisthesis
17. the first sound heard during a BP assessment indicates \_\_\_\_\_ pressure

## ACROSS

1. resting HR of below 50 bpm
3. one of the special tests used to diagnose carpal tunnel syndrome
6. the only rotator cuff muscle that doesn't have an action of shoulder rotation
7. fracture of the distal radius that results in a "dinner fork" deformity
8. test for hip flexor tightness
9. medical emergent diagnosis in which patient is no longer able to sweat, has extreme dehydration and may experience convulsions
11. location of the goniometer axis during measurement of ankle inversion/eversion
18. ligament also known as the "Y" ligament
19. peripheral nerve that innervates the deltoid
20. one of the modalities contraindicated for patients who have a pacemaker
21. muscle group innervated by the L4 nerve root
22. one of the more common brand names for a hydrocolloid wound dressing
23. during traction, utilizing a prone patient position with a harness alignment to promote an anterior pull would be used to increase lumbar \_\_\_\_\_.



*It's About You!*

**BOSSIER PARISH COMMUNITY  
COLLEGE**

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PTA PROGRAM  
UPDATE—FALL 2011

## Program Admissions: 2011-2012 Class Statistics

Number of *Qualified* Applicants: 87

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 2012-2013 selection process:**

- Application packet (available at [bpcc.edu/pta](http://bpcc.edu/pta)) and rating forms due by April 15, 2012
- Pre-PTA coursework must be completed by end of spring 2012 semester
- Transition for next selection cycle to use of Employer rating form vs College instructor rating form

## 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 always made time at the end of the day to discuss what treatments I did and let me know if I needed to change anything or if my treatment ideas were good. We sat down and went over my notes together and we would discuss changes if needed.”

Re: Courtney Doolittle, PTA  
Guest Care Rehab

“My CI was great at instructing, and showing/explaining why we did certain things and why we did not do certain things. He was very knowledgeable and always looking for opportunities to share that knowledge with me”

Re: Rob Kenney, PT  
Shreveport Physical Therapy & Sports  
Medicine

“Mary made it a point to expose me to all physical therapy issues that could arise in an acute care setting. She also allowed me the opportunity to follow a patient from point of surgery to discharge. She reviewed my notes regularly and provided frequent and useful feedback..”

Re: Mary Dy, PT  
St. Francis Medical Center

“My CI was always available for questioning. He also took the time to explain the rationale behind what was in the patient’s POC (exercises, equipment, etc). The whole staff was very supportive, making the facility a perfect learning environment for students from the program.”

Re: Matt Armstrong, PT  
Willis-Knighton South

“She constructively critiqued my SOAP notes and told me how I could make them better without making me feel like an idiot. She was also really good at observing me as I performed a skill or explained something to a patient, then showing me how I could improve it in the future.”

Re: Dorothy Phelps, PTA  
Overton Brooks VAMC

“My CI quizzed me a lot. It wasn't just about answering the question, but also applying it to what I was doing. He let me have direct access to all of his books if I ever wanted to look something up. I also really appreciated the time he spent showing me how to focus on technique and quality with orthopedic exercises”

Re: Michael Wiltcher, PT  
Willis-Knighton Bossier

“She encouraged critical thinking and was always willing to answer ANY questions. She had a great attitude, and NEVER made me perform anything that I wasn't comfortable performing by myself. She let me be independent with treating pts as I became comfortable.”

Re: Megan Swayze, PTA  
Town & Country Rehabilitation

