Spring 2011

BOSSIER PARISH COMMUNITY COLLEGE PTA PROGRAM

Clinical Newsletter

LAPTB Proposed Rule Changes Impacting Clinical Education

The Louisiana Board of Physical Therapy recently published *proposed* administrative rul ha (changed prompted in large pa cluded in those pron to/affecting

ving as clinical in- ents have one

e proposed CCCE's by mail

.. the Program's website and Clini- Educator's facebook page.

LAPTB proposed rules went into effect Oct 20. 2011.
For a more complete description of the changes that affected supervision of students, go to http://bpcc.edu/pta/clinicalinstructors/faqs.html

(1) Propos structor for **conti**

(2) Proposal **rve as clinical instructors for PTA students without a full-time PT on premise** (PT available by beeper or phone).

You can access the full text of the proposed rule changes on the LA PT Board website at http://laptboard.org .

Frequently Asked Questions:

"What expectations should I have for a PTA student as compared to a PT student?"

Confusion related to expectations for PTA student performance typically fall into one of two categories. Either (1) the SPTA is expected to exhibit competency with skills appropriate for the SPT and beyond the training and education of the SPTA or (2) the SPTA is held to expectations more consistent with PT technician training and is not challenged to perform to their level of education.

Some of the more common issues or examples are outlined below. Clinical instructors are encouraged to contact the PTA Program's ACCE with any specific or additional questions related to appropriate SPTA supervision, practice and goals/expectations for performance.

- SPTA performing initial examination components
- SPTA establishing PT diagnosis or hypothesizing prognosis based on initial examination findings
- SPTA identifying appropriate interventions and/or therapy progression based on incomplete or vague PT Plan of Care
- SPTA performing interim assessment or intervention skills with "complex" patients (multi-system involvement, rapidly changing status, etc..) without direct supervision
- SPTA performing assessments or interventions not appropriate for the PTA based on state law (sharp debridement, spine mobilization, etc..)

- SPTA follows only a scripted list of specific exercises and modalities
- SPTA not challenged to give rationale for selected interventions or identify alternative interventions that could be used to achieve PT established goals
- SPTA not asked to perform any interim reassessments (strength, ROM, sensation, balance, posture/gait, functional status, etc..)
- SPTA given few opportunities to practice clinical documentation skills
- SPTA not given opportunities to practice interpreting and implementing a written PT Plan of Care

Clinical Teaching in a Busy Practice—The "Microskills" Framework

A PT or PTA who has agreed to serve as a clinical instructor commonly has 2 main concerns: (1) how to "fit" teaching into an already busy clinical day and (2) how to "structure" the experience so that the student gets the most out of it.

The "Microskills" framework is a tool that can be useful to CI's in structuring a single patient encounter or an entire clinical experience to facilitate maximal learning while maintaining clinical efficiency.

Step 1: **Set Goals and Expectations**. For example on the first day of the clinical experience:

"I'm expecting that you will mostly observe for the first day or so and then progress to performing components of patient care. By the end of the rotation I'm expecting that you will be carrying out some measurements, interventions and documentation independently"

And for single patient encounters:

"Since we've been working on your communication skills, when Ms. Smith comes for her appointment this afternoon I'm expecting you to take the lead on getting any new subjective information and teaching her the home exercise program".

Step 2: **Get a Commitment**. The CI should ask the student *open-ended* questions and try to avoid jumping in too quickly with the answer. These questions usually begin with "What" or "Why". For example:

"Why do you think the patient had difficulty with the transfer this time?"

"What other exercises could you use to address goal #3 in the POC?"

"What do you find in the patient's chart review that will influence therapy today?"

For this step to "work" it is VERY important that the learner feel safe enough to risk a commitment (answer) - even if it is wrong.

Step 3: **Probe for Supporting Evidence**. This step requires the learner to "think out loud", helping you to identify sources of confusion or reinforce accurate problem solving. For example:

"Talk me through how you decided to use that transfer technique"

"What kinds of exercises are considered closed chain?"

"What lab values are red-flags during a chart review?"

Step 4: **Reinforce what was done well**. Actions that are positively reinforced are likely to be repeated. This "praise" should be specific and include ramifications for the future. For example:

"Your positioning of the wheelchair and equipment prior to the transfer was excellent. Checking all of the locks ahead of time really helps ensure patient safety."

"You did a good job of prioritizing which exercises to use today in light of the patient's fatigue. It shows that you understand that sometimes you can't complete all of the exercises listed in the POC."

Step 5: **Correct Mistakes**. To make this easier for both the student and the instructor, give the student an opportunity to self-critique a performance first. Give positive feedback when the student identifies and corrects their own mistake. Give feedback that is as specific as possible and try to avoid bombarding the student with long lists of criticisms at once. Focus on feedback and practice in one area at a time. For example:

"I'd like for you to work on guarding more closely with gait training—like this. Try that with the patients we see this afternoon."

Step 6: **Teach general rules.** These often lead to the best retention and long-term learning. For example:

"Anytime you've got a patient with hypertonicity it's good to start with weight bearing activities with the limb."

"As a general rule with TKR patients, always document their ROM in your daily note."

Step 7: **Encourage Reflection and Integration.** Taking time to "de-brief" at the end of a day or week allows the learner to do some critical thinking and analysis. It also helps in identifying appropriate student goals for the next day/week. This process is best initiated with questions like:

"How did things go today from your perspective?"

"How was today different than what you expected"

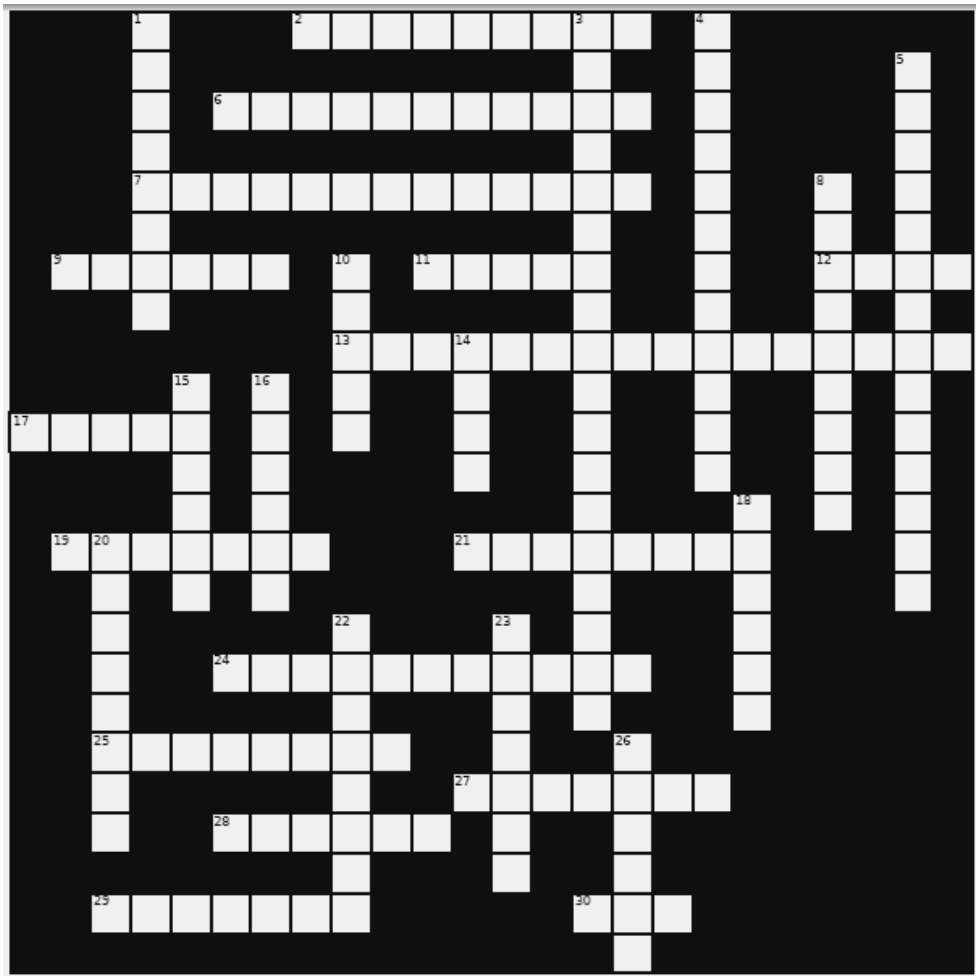
"What were you uncomfortable with today that you would like to become better at?"

This article based in part on information from:

The Five-Step `Microskills' Model of Clinical Teaching" (Neher, Gordon, Meyer, & Stevens, 1992)

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 of some of this information to help you finish the puzzle! Then feel free to quiz your spring PTA students about these subjects too!!



Down

1. rising up on the toes of the unaffected LE to "clear" the affected LE during gait
3. weight shifting in sitting would work on this level of motor control
4. the area of the brain rostral to the brain-stem which contains the thalamus
5. genetic disorder affecting the respiratory and GI systems causing barrel chest, productive cough and wheezing.
8. abnormal, involuntary, rhythmic oscillation of the eyes; typically accompanied by vertigo
10. amputation also known as an ankle disarticulation
14. abbreviation for primitive reflex that prepares infants for achieving quadraped but must integrate before the baby can become a mature creeper
15. type of aphasia also known as "motor" or "expressive" aphasia
16. system of the brain responsible for setting the emotional tone and converting events into long term memory
18. presence of this reflex indicates damage to the brain or spinal cord
20. dysfunction of this organ is to blame for type I diabetes
22. neurotransmitter that is deficient in patient's with Parkinson's disease
23. cells in the PNS that make and maintain myelin
26. brace/collar commonly used post trauma or surgery to partially immobilize c-spine

Across

2. point in the gait cycle when the COG oscillates to its "high" point
6. damage to this structure (which is found below L2 in the vertebral canal) results in "lower motor neuron" type LE paralysis
7. gait deviation commonly caused by weakness of the hip abductors
9. type of AFO that allows for a more normal gait pattern than a solid-ankle type
11. transitioning from sitting to standing works on this level of motor control
12. abbreviation for one of the more commonly used prosthetic feet
13. autoimmune disorder affecting the motor end plate causing fluctuating muscle weakness and fatigue
17. in the Kubler-Ross stages of grieving this comes after denial
19. motor planning problem caused by damage to the frontal lobe
21. lobe of the brain involved/damaged with "neglect" syndrome
24. this type of "posturing" is seen with CNS damage and involves UE flexion and LE extension
25. in analyzing a research study, if the results of the study can easily be generalized to the larger population it is said to have good _____ validity.
27. PNF "element" that is used to facilitate a muscle contraction
28. cranial nerve involved with Bell's Palsy
29. a measure of the number of steps taken in a given amount of time (90 steps/minute for example)
30. "strategy" elicited by a challenge to balance when ankle strategy is insufficient

It's About You!

BOSSIER PARISH COMMUNITY COLLEGE

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PTA PROGRAM UPDATE—SPRING 2011

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

Right: BPCC PTA alumni, students and faculty participated in the St. Jude Memphis Marathon, Dec 2010 as part of Team Jake to raise money for St. Jude Children's Research Hospital.

Left: BPCC PTA students and faculty participated in "Sign Up Saturday" a local health and wellness fair for school-age children—August 2010

Right: BPCC PTA Program students and alumni played in a "wiffle-ball" tournament Feb. 2011 to support and raise money for local St. Jude patient, Carson Braun.

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 use down-time to work with me on skills I needed additional practice with. I really appreciated that extra effort."

Re: Brennan Bernard, PT
LSUHSC

"She let me choose the exercises and treatment for the patient that day. I would tell her, then we would talk about why and how I would do certain things, then she would let me treat the pt. She was good at asking me questions and answering my questions."

Re: Cheryl Lewis, PTA
Overton Brooks VAMC

"He allowed me to think things through. If my answer was incorrect, he provided reasoning for why, but not in a condescending manner. He was a very open listener and answered all questions thoroughly."

Re: Nick Huckaby, PT
Christus Schumpert

"He made sure to give me both formal (MACS) and informal reviews to let me know what he thought my strengths and deficits were. This really helped me to focus on what/how to keep learning and improving."

RE: Brett Rachal, PT
St. Francis Medical Center

"My CI was always bringing articles and journals to read and explained anything I had a question about. She would pull me away from my patients if she had a learning experience with another patient that she wanted me to take advantage of. She is very teaching-oriented!"

Re: Amanda Brewer, PT
Brewer Physical Therapy

"She would think out loud which allowed me to understand her train of thought and why certain interventions were selected. I really learned a lot from hearing her do that."

Re: Chelsy Parker, PT
Minden Medical Center