

Fall 2018



BOSSIER PARISH COMMUNITY COLLEGE

PTA Program Clinical Newsletter

Team Learning/Teaching at BPCC

PTA students at BPCC have had several opportunities this semester to both teach to and learn from other program students. BPCC Nursing students provided instruction/practice opportunities for our students as they learned how to take and monitor vital signs, operate acute care beds and equipment, etc. The nursing students also took on the role of patient during acute scenario case studies in the SIM lab. They played very realistic patients who had



fluctuating vital signs, subjective complaints, changing levels of dependence, etc.



Our students were then able to return the favor by providing instruction to both the Respiratory Therapy students and the Nursing students in basic bed mobility and transfer training. Provided only with a

list of skills to be taught our students did a FANTASTIC job of taking lead roles within small groups in demonstrating, verbally instructing and then providing constructive feedback as the RT/NSG students practiced. We love and are excited about being able to provide these mutually beneficial opportunities for interdisciplinary collaboration!

PTA MACS Updates

The Texas Alliance of PTA Educators has released the **3rd edition** of the **PTA MACS** with some important changes/updates to be aware of. Included in those changes are:

Renumbering and renaming of some MACS skills, particularly in the “Professional Behaviors” section of the MACS. For example, the Critical Thinking skill which was previously #9 is now the Clinical Decision Making skill and is skill #8.

Changes and additions have been made to the white skill sheet section “**tabs**”. Previously the tabs consisted of Professional Behaviors, Data Collection, Interventions, and Site Specific Skills. The white skills sheets are now divided into the following sections: **Professional**

Behaviors, Plan of Care, Interventions, Tests and Measures, Healthcare Environment, and Site Specific Skills.

Addition of “**Healthcare Environment**” skills including Interprofessional Practice, Documentation, Billing and Payment, and Quality Assurance/Performance Improvement

The relocation of the “**Wound Care**” skill to the Site Specific (optional) section of the MACS.

Increased emphasis (referenced in the key

indicators within many skills) on practicing **ethically** in alignment with the APTA Core Values statements and on providing interventions that are **evidence-based**.

Elimination of the use of “**NE**” from the rating scale. Clinical Instructors must now rate a student in each skill with a(n):

- **Above entry level (+)**
- **Entry level (√)**
- **Not Independent (NI)** **formerly used to indicate “needs improvement”*
- **Unacceptable (U)**

Criteria for use of each of the above ratings are fully described/explained in the **MACS instructions**. Skills that the student had no exposure or very minimal exposure to during the clinical experience should be **left blank** (CIs should not use “N/A” or “NE”)

Change is hardest at the beginning, messiest in the middle and best at the end.

Robin S. Sharma

The syllabi for our clinical practice courses (PTAP 206, 216 and 226) have been updated to reflect these MACS updates in reference to expectations for student performance on each rotation. During my mid-rotation visit I will also be sure to discuss these and other changes and to answer any questions that the CCCE, clinical instructor, or student may have. I expect there to be some “messiness” as we all adapt to these revisions but in the end the updates are good ones and I look forward to learning the best way to help you implement them!

Developing Competence: The Four Stages of Learning

As experienced, expert clinicians we often forget the challenges we faced while honing our skills. Learning a new skill set, in fact, is **hard!** To become an efficient and effective PTA there are a series of steps that the SPTA/learner must move through. Business executive Noel Burch first identified and outlined these steps in the 1970's and they are applicable in all professions and in every learning environment. Strong clinical instructors intuitively understand these steps and are skilled at guiding a novice student through these levels as they work toward entry-level abilities and beyond!

Stage 1: Unconsciously Incompetent

At this stage the student doesn't even know what he doesn't know. He is unable to identify what skills or tasks are necessary, relevant or important in a given situation. He (like all students) is likely to make mistakes but at this level he may be unaware that he has made a mistake or unable to appreciate the impact of that mistake. Clinical instructors at this stage should do more **showing and talking** and avoid "throwing the student in" style experiences which are likely to be overwhelming and ineffective. Students benefit at this stage from the CI "thinking out loud" as she demonstrates skills and discusses why tasks were performed, why specific decisions were relevant, and what outcomes might be associated with pieces of the clinical decision making process. Clinical instructors often make the mistake of assuming students are at Stage 2 (aware of what they need to know and the relevance of clinical decisions) without first assessing whether the student is still, in fact, in Stage 1. In a new practice setting, or in new clinical scenario even a more "experienced" student has to begin again at stage 1. **Example:** A student new to the ICU environment who isn't even aware of what equipment and patient responses will need to be monitored is likely to make mistakes in the handling of lines/tubes and the monitoring of vital signs without even being aware of the mistake or the potential impact of the mistake.

Stage 2: Consciously Incompetent

By this stage the learner, although still not competent in the performance of a skill, can see and appreciate what he needs to learn/practice to become so. A student at this stage is typically very motivated to improve as there is a more clear picture of what skills need to be acquired for success. The clinical instructor now needs to allow the student to practice skills directly (vs just observing) although she needs to be directly present. Mistakes at this stage are expected and in fact necessary for the student to move toward competence. **Example:** A student performing neuro gait training understands that there are handling skills he can use to improve gait quality. He still struggles with being able to provide balance support while cu-

ing for facilitating and inhibiting the appropriate muscle groups. The CI allows the student to practice and make mistakes/try different approaches while being close by to make sure safety is maintained and she can give immediate feedback to his technique.

Stage 3: Consciously Competent

The student at this level IS able to safely and effectively perform the skill. He is (using PTA MACS language) "entry level" in the performance of the skill. However, in order for the student to consistently perform the skill well, he must concentrate and "think through" the neces-

sary steps. Recall a time when you were a new driver. You could operate a car safely but in order to do so you required full concentration. Compare that to how "effortless" and automatic it is for you to drive now. To facilitate moving a student from Stage 3 to Stage 4 the CI must provide lots of opportunities for practice. Skills naturally become more automatic and intuitive with practice. **Example:** A student who is asked to take shoulder ROM and MMT measurements can do so (with good technique/correctly) but with conscious effort to think about the correct patient position, hand placement, goni axis alignment, etc. It is not an effortless/automatic task yet.

Stage 4: Unconsciously Competent

By this stage, the learner has practiced the skill so often that the performance of it becomes "second nature". He is able to perform this skill without directly thinking through all of the steps and can in fact carry out other cognitive tasks while performing the skill. Experienced clinicians and clinical instructors themselves fall into this category. The "downside" to reaching this level is that you may lose the ability to teach the "steps" you used in your decision making throughout the skill (because you don't even think of it in steps any longer... just in a natural intuition) and that the drive to continue to learn ways to further improve in skill performance may weaken.

Summary:

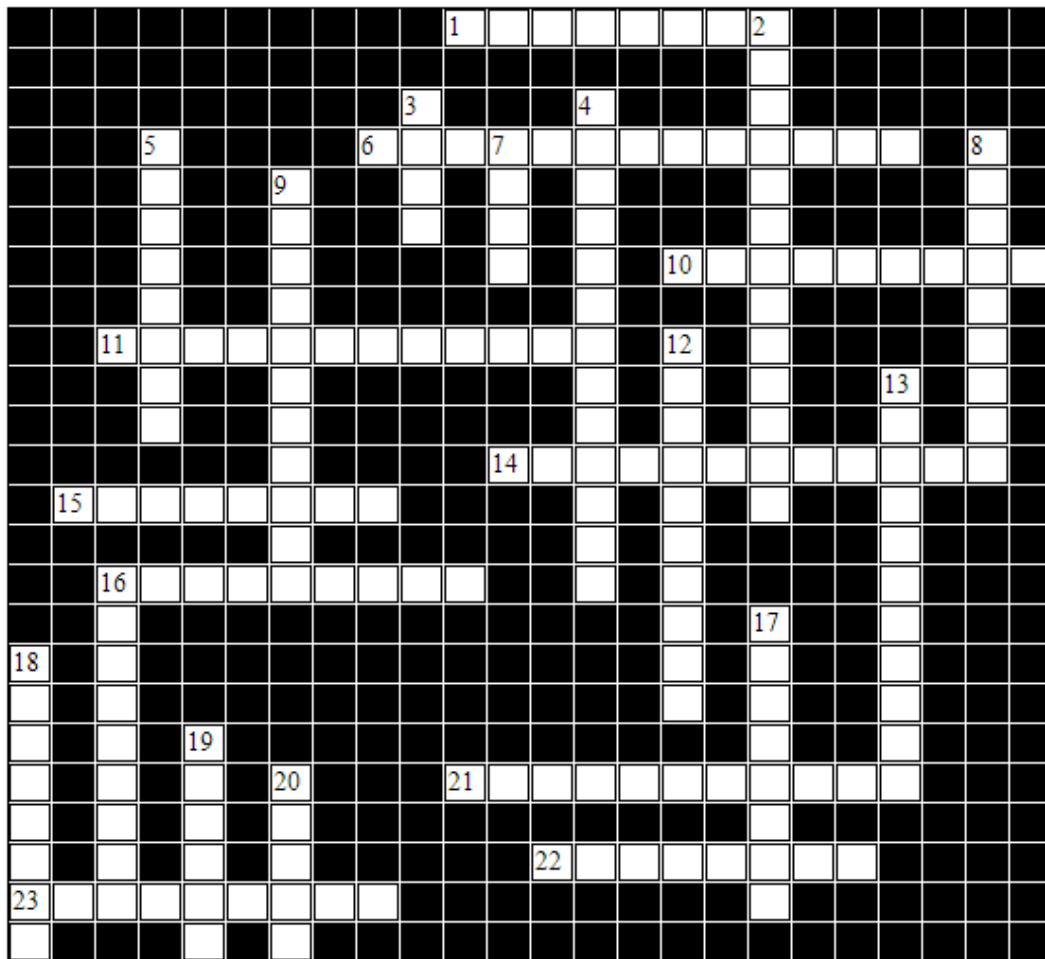
Using this model can be a great template for helping the learner and the teacher identify training obstacles. It can help the CI select the appropriate teaching tools/techniques and avoid overwhelming a student by throwing them in too soon or under stimulating a student by failing to give them enough independent skill practice. CI's should also appreciate that the timeline for acquisition of different skills may occur at a different pace in the same student and certainly among different students based on their personal strengths and weaknesses. But for every learner, as they progress from stage to stage there is often a tangible "lightbulb moment" experience for them which is exciting and rewarding for both the student and the instructor!



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

1. deformity of the hand, often caused by RA, in which the PIP is hyperextended and the DIP is flexed
6. assessment of a pulse in this artery would involve palpation of the top of the foot
10. peripheral nerve that innervates the hip adductor muscles
11. closed suction device commonly used as a post surgical site drain
14. also referred to as platelets; responsible for blood clotting
15. one of the special tests used to identify a torn meniscus
16. term used in e-stim to describe the minimum duration of a signal required to excite a motor response
21. describes the electrode placement typically used with interferential estim set up
22. gait pattern in which patient advances the left crutch and the right LE simultaneously, followed by the right crutch and left LE
23. one of the 2 ligaments making up the coracoclavicular ligament group

Down

2. motion that would potentially be limited by passive insufficiency of the hamstring muscles
3. a type of Rate of Perceived Exertion scale in which patients are commonly instructed to work at a level 12-14
4. modality that transfers heat via convection
5. faulty gait pattern caused by weakness/paralysis of the dorsiflexors
7. tear of the shoulder labrum from the superior rim of the glenoid
8. one of the muscles commonly found to be short/tight in a patient with hyperlordotic posture
9. the brownish skin staining often seen with venous insufficiency ulcerations
12. exercise commonly used to target strengthening of the hip abductors and external rotators
13. classification of hypertension drugs that have generic names ending in "olol"
16. faulty angle of inclination of the hip that is associated with/causes a patient to be "bowlegged"
17. A patient who has experienced prolonged diarrhea may experience a pH imbalance in the body termed metabolic
18. correct placement of the goniometer axis when assessing wrist radial deviation ROM
19. name for the most common fracture of the distal radius



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 or
lbryant@bpcc.edu
Website: bpcc.edu/pta

PTA PROGRAM
UPDATE—FALL 2018

Program Activities/Updates

BPCC PTA students assisted with team physicals in August, 2018 taking vital signs and other standardized tests/measures for the BPCC baseball, basketball, softball, cross-country, dance line and cheer teams.



BPCC PTA students took a field trip to Shreveport Aquatic and Land Therapy where Julie Harris, DPT and Lydia Prothro, PTA helped them learn the basics of aquatic exercise. September 2018

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!!

“Note writing is one of my biggest challenges. Devin was very understanding and patient about helping me. She even asked several other therapists to print their notes so I could see the different wording/styles to help me develop my own.”

Re: Devin Bumpers, PTA
Shreveport PT & Sports Medicine

“My CI was really good at knowing when to explain things, and when to take a step back and let me “learn for myself”. For example, we had a dementia patient and I was asking about what interventions to try. My CI did not give me an answer. Instead she wanted me to see what it would be like to meet a new patient and try different activities to find what works best. I learned far more than I could have ever imagined!”

Re: Lauren Brooks, PTA
Senior Rehab Solutions at Guest House

“Before I treated anyone my CI would ask me to tell him my plan, which was helpful in letting me explain my thoughts about the appropriateness of certain exercises or activities for different patients. I was quizzed on different things that were specific to the patients I would be treating that day. My CI was great at explaining concepts to me in a way that I easily understood and was very patient in doing so.”

Re: Greg Medlin, PT
Ruston Regional Specialty Hospital

“My CI made sure to ask me at least three times a week how the rotation was going and if there was anything he could do to make it better. He made learning fun and interesting and was easy to talk to about any questions I had.”

Re: Carl Bryant, PTA
Cornerstone Balance & Rehab



“My CI allowed me to gain confidence in the setting/environment before increasing responsibility/workload. He progressed me to seeing patients independently while he was just outside the room. This afforded me the opportunity to apply my skills and problem solve without having someone to defer to while also knowing I wasn't hung out to dry if there was a complicated issue. My CI and I often discussed the treatment plan before seeing the patient and evaluated my performance afterward. He encouraged me to ask questions and also asked me questions often to make sure I was “getting it” all. I also had the chance to participate in initial evaluations which really helped me appreciate how those are conducted and how a POC is developed”

Re: Brent Burnham, PT
WK Pierremont

“Leah was a fantastic CI, my favorite so far. She discussed openly with me on the first day what I wanted to get out of this rotation and what she expected of me. She took a situation where students can sometimes feel overwhelmed and made me feel like success was totally achievable and encouraged me to improve my skills and try new things. I learned a lot from her and feel like I gained not only a ton of new knowledge/skill but I also gained a great friend.”

Re: Leah Masog, PTA
Minden Medical Center