

Fall 2019



BOSSIER PARISH COMMUNITY COLLEGE

PTA Program Clinical Newsletter

Top 5 Qualities of a “Great” Clinical Instructor:

Based on years of student feedback, this “top 5” list includes those behaviors and skills that students perceive as defining a “great” clinical instructor. All CI’s, whether experienced or new to student supervision, can benefit from self-assessing their strengths/weaknesses in these 5 areas:

#5— “Made the expectations very clear”. It can be very confusing for a student to jump from one rotation/setting to another. Expectations regarding the student’s role in patient care can vary widely. A CI who (a) is familiar with Program expectations for the experience and (b) verbalizes on day 1 to the student what they anticipate in terms of level of independence and progression toward independent function is laying the groundwork for a “great” clinical rotation.

#4— “Modeled ethical/professional behavior”. Students are expected and required to demonstrate affective skills consistent with being a “professional” and they really notice and appreciate it when clinical instructors actively work to role-model those professional behaviors. CI’s who, for example, point out the ethical importance of accurate billing and documentation, who manage to avoid inappropriate conversations about patients/staff/former students, who show strong work ethic, and who are passionate about their profession and

the quality of their patient care get high marks from students.

#3— “Gave me a lot of feedback”. Students thrive on and grow from feedback that is (a) regular/frequent (b) is constructive and non-judgmental and (c) is delivered in private. One good technique to incorporate (using these above guidelines) is to share with the student following each patient interaction or treatment session what was good and what you might have done *differently* that may have been more effective or efficient.

#2— “Challenged me to think critically”. The ultimate goal of clinical education is to teach a student how to “pull together” information and see the “big picture”. CI’s who ask students to look at a POC and come up with interventions, brainstorm when and how to progress a patient, or give rationales for decisions related to patient care are helping students achieve this goal. Additionally, students really like CI’s who “think out loud” as they review exam findings, write goals, or modify a POC, modeling this critical thinking process.

#1— “Was non-threatening”. The process of learning will always include making mistakes and answering questions incorrectly. A “great” clinical instructor understands that a student’s natural tendency is to “feel dumb” and he/she works to take the pressure off—to encourage learning from mistakes without anxiety or fear of embarrassment

Promote your Profession!!



October is National Physical Therapy Month, an opportunity to raise awareness of the benefits of physical therapy!

Get involved and urge people to choose physical therapy (#ChoosePT) to improve mobility, manage pain and other chronic conditions, recover from injury, and prevent future injury and chronic disease.

What you can do:

If you haven’t already done so (shame on you) - JOIN the APTA!!! During this time (more than EVER) you need to be a part of the organization that is actively advocating for OUR profession!!

Share resources from APTA's official consumer information website, ChoosePT.com, which will be visited by more than 4 million Americans this year. The site includes the [Find a PT](#) directory, [symptoms and conditions guides](#), [health tips](#), [podcasts](#), and more.

Use #ChoosePT in your social media posts.

Follow APTA on [Twitter](#) and [Facebook](#), and share those posts.

Present to the public, payers, and other health care professionals about a physical therapist's and physical therapist assistant's role in collaborative care.

Happy PT Month!!!

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?”



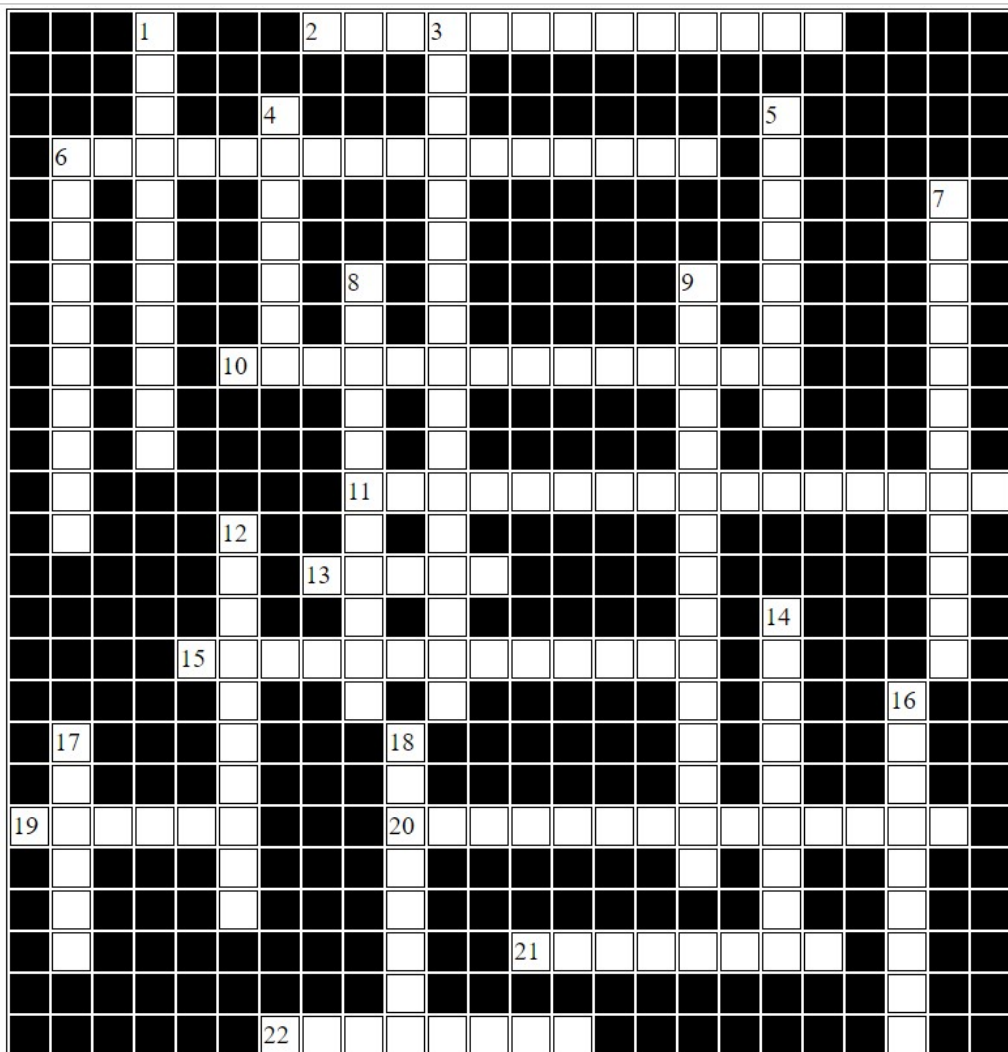
This article based in part on information from:

The Five-Step ‘Microskills’ Model of Clinical Teaching” (Neher, Gordon, Meyer, & Stevens, 1992)

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. The part of the stress-strain curve you want to take a tissue into to create permanent elongation during stretching
6. Type of e-stim used for pain relief utilizing a high frequency, low duration signal delivered at a low intensity
10. One of the structures damaged as part of an "unholy triad" injury of the knee
11. Movement most limited in the capsular pattern for the shoulder
13. Mechanical lift device used to move dependent patients bed to chair
15. Pulse palpated just distal to the extensor hallucis longus tendon
19. Fracture of the distal radius that results in a "dinner fork" deformity
20. Scapular action of both the trapezius and the serratus anterior
21. Line placed through a vein in the extremities used for administering drugs or drawing blood samples
22. Term for a bluish discoloration of the skin that is indicative of low oxygen saturation

Down

1. Mill's test, which involves passive flexion of the wrist, elicits pain at the lateral epicondyle for patient's with this condition
3. MOI for this condition can be sudden or forceful lumbar hyperextension
4. Brand name for modality that utilizes monochromatic infrared energy to manage pain and improve circulation
5. Elevation of the arch of the foot triggered by great toe extension during toe-off is termed the _____ mechanism
6. Of conduction, convection, or conversion, the type of heat transfer occurring during ultrasound
7. Term for right side heart failure caused by pulmonary congestion
8. Hip ligament referred to as the "Y" ligament
9. The primary muscle targeted when performing a "corner stretch"
12. High Volt estim has a waveform that is pulsed _____ current (indicating it is either delivering an all positive or all negative signal)
14. When measuring wrist flexion ROM the stationary arm points toward this landmark
16. The passive flexion of the fingers that occurs during wrist extension is termed
17. When putting on PPE to work with a patient using contact precautions, this is the last item donned
18. Drug most typically associated with the need for monitoring of the patient's INR



It's About You!

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COLLEGE**

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**PTA PROGRAM
UPDATE—FALL 2019**

Program Activities/Updates

BPCC PTA students assisted with team physicals in August, 2019 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 Lydia Prothro, PTA helped them learn the basics of aquatic exercise. September 2019



Students participated in a ramp building project for a family in need through a collaboration with a local United Methodist church. October 2019.

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 CIs are out there doing!!

“Taylor was very hands on with her teaching style,. She demonstrated techniques and then let me take over. She challenged my knowledge without making me feel inadequate. She was always finding new learning opportunities for me .”

Re: Taylor Beckett-Boyle, PTA
Shreveport PT & Sports Medicine

“Before entering a patient's room, my CI would ask, "what is your game plan". She taught me how to be well prepared before even entering a room. She would also challenge me by presenting "what if" scenario's to make sure I could adapt easily to unexpected situations. She always gave me feedback on my performance and was so encouraging!”

Re: Cheryl Lewis, PTA
Overton Brooks VAMC

“Jeff is very good at "show one, teach one, do one" which was perfect for my learning style. He has excellent discretion, taking the time to make sure that the pt. is

comfortable with me as a student, recognizing which individuals we can talk with about their diagnosis, and which ones would be best discussed later in private. Always gave me opportunities to ask questions or give me feedback on interventions we just performed. He challenged me to refer back to my notes when I was uncertain, so I could brush up on a diagnosis we would be seeing the next day and then also followed up with my refreshed knowledge of the material prior to meeting with the client the next time”

Re: Jeff Wright, PTA
LSU Health Rehabilitation Clinic

“Amber is an amazing teacher. She pursued opportunities for me to be involved in learning experiences, even when she wasn't present. She challenged me and gave me opportunities to problem solve independently, but she was adaptable when I didn't feel comfortable doing something alone. She answered

my questions and really helped build my confidence. This was the perfect place for me to have gone to on my last rotation.”

Re: Amber Johnson, PTA
Promise Rehabilitation

“I can't say enough positive things about my acute experience all thanks to my CI, Brandi. Brandi always made time every day to talk about how we each thought the day went and she communicated to me how I could improve and what I was excelling at. She was so encouraging and gave me just enough push to realize my potential. She went above and beyond to increase my knowledge about the acute environment without being overwhelming. She was very thorough with evaluating my progress in the PTA MACS and looked for opportunities for me to get the most out of my rotation. Above all I really appreciated her feedback style, she always made the constructive criticism just that, it was always in a way to make me a better PTA and I never felt otherwise. She truly wants you to succeed and excel.”

Re: Brandi Cathey, PTA
WK Pierremont

“I loved how my CI let me take a lead role in planning out the entire day. She also let me treat patients very early on and when she felt comfortable with my skills she even stayed in the hallway which helped me to not feel as nervous.”

Re: Kelsey Boze, PTA
Ochsner LSU Health