

Spring
2018



BOSSIER PARISH COMMUNITY COLLEGE PTA PROGRAM

Clinical Newsletter

Program's first "Expert Panel Discussion" a huge success!!

In what will likely become a regularly occurring event, the BPCC PTA Program invited several expert clinicians to be part of a "Panel Discussion" this semester. The topic for this first offering was "**Working with Dementia Patients**". Experts who participated included Brin Hammond, PT (Reliant Rehab), Lauren Brooks, PTA (Senior Rehab Solutions), Shannon Foster, PTA (TMC), and Jessica Spear, LOTR (Amedysis Home Health). In an informal way, the panel addressed specific talking points and also fielded questions from students. In a fortuitous turn of events, the March edition of **PT in Motion** included a wonderful article on this topic. Points from the article were referenced often during the discussion! The session was broadcast using Facebook Live on the BPCC Allied Health Clinical Educators page.

The result was honestly phenomenal... **EVERYONE** involved (especially the students) agreed that the experience was incredibly valuable both in terms of concrete information learned but more importantly in the role modeling and inspiration these ladies provided. I strongly encourage you to view the panel video on the Facebook page mentioned as the summary described here just doesn't do it justice! **Discussion highlights included:**

The importance of **not being "afraid"** of working with this population- including the **tremendous fulfillment** that can come from a career in this setting. Each clinician shared personal stories of connections made and the satisfaction that comes from recognizing your role in improving someone's happiness and quality of life.

The necessity in **meeting the patient 'where they are'**. Every expert on the panel had specific examples/stories/tips on validating the patient's "reality", learning to use patience, kindness and creativity (thinking "**out of the box**") to redirect conversation and activities in an effort to minimize patient anxiety and achieve productivity toward therapy goals. Shannon shared a particularly funny and inspirational story of a patient who routinely refused to enter the therapy gym because "they made her work too hard in there". Shannon would, instead, take the patient to the living area of the

facility to have the patient help her do some "furniture shopping" and try out sitting on (and then standing from) multiple chairs/sofas. The patient loved those shopping adventures! Brin shared a story of a patient who was reluctant to get out of her chair until encouraged to walk around to look for her dog (stuffed animal) across the room (which the patient happily did).

The need to serve as a **patient advocate**. Each clinician relayed instances in which they have intervened on behalf of the patient. Lauren told of an incident in which she noted changes in her patient's mental status that she felt were not normal and how she pressed for evaluation of those symptoms until the medical problem was eventually found and diagnosed. Shannon discussed helping to identify that the cause of a patient's "aggressive" behavior (that threatened to result in a transfer to a behavioral unit) was actually triggered by embarrassment over being put in a hospital gown for transport to the showers. Shannon arranged for a nice new robe for the patient and the behavioral problem resolved!

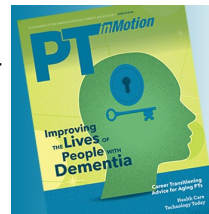
Getting to know your patient and finding out what they love. **Music and dance** were mentioned by several experts as extremely useful tools in setting a positive mood for therapy and even extracting a higher level of physical function. Jessica talked about

a patient who, with the help of a good Beatles song, could independently complete his dressing ADL's. Shannon recalled a patient who often refused to stand/walk ... but when Zydeco music played she became animated and eager to move!

The importance in **body language**, meeting your patient with a **smile** and **using touch** to make connections. Every panel member expressed their passionate view that these patients are **human beings**, worthy of being acknowledged, communicated with, comforted, and respected. In the PT Now article, **Mary Ann Wharton, PT, MS** summarizes it well:

*"Not only are these various strategies advisable from a practical standpoint but they also occupy the ethical high ground by respecting the "personhood" of the individual whose cognition is impaired. If you are a good physical therapist, you have to go beyond the technical and dig into the **moral essence of being.**"*

We are so grateful to the experts who were a part of this first panel discussion and look forward to offering additional topics in the future!!



Why did you do that?? Using the Red, Yellow, Green Light Tool

As an experienced (expert) clinician, you make decisions regarding patient care throughout the day that feel just “intuitive”. A novice student observing or attempting to model these actions has a difficult time identifying and using this seamless train of critical thinking. They often find themselves wondering “why did you do that?”. One tool you might use to make your clinical reasoning more clear is the Red/Yellow/Green light tool which can be used both to *model/narrate* your expert decision making process and to *assess the student’s*



Red Light

- Something the student saw, heard or read that indicated a need to AVOID the use of a particular intervention or assessment technique

Yellow Light

- Something a student saw, heard, or read that indicated a need to be CAUTIOUS in the use of a particular intervention or assessment technique

Green Light

- Something the student saw, heard, or read that indicated a need to USE a specific intervention or assessment technique

progress. Throughout the day, look for opportunities to discuss whether something you or the student read, saw, heard, or assessed indicated a:

Green Light:

Often an expert clinician’s decision to **DO** something (go forward) with the next intervention, next assessment tool, next question asked is based on the identification of a green light trigger. Consider the following examples:

- I decided to progress the patient from a walker to a cane after **reading** the orthopedic surgeon’s latest report on radiologic evidence of bone healing
- I decided to add diagonal pattern UE exercises after **hearing** the patient mention a desire to return to golf
- I decided to palpate for pulses after **seeing** some discoloration in the skin of the foot
- After **reading** that the patient’s diagnosis of “adhesive capsulitis” are there any specific interventions you want to use?
- After **hearing** the patient complain of dizziness are there any assessments you want to perform?

Yellow Light:

An expert clinician may decide, based on data en-

countered, to proceed with an action, but with **extra caution**. Consider the following examples:

- I decided to continue cautiously with PROM (slow down, smaller ROM) after **seeing** the patient’s painful facial expression
- I decided to proceed with gait training but for a shorter distance and with a wheelchair nearby after **reading** that the patient’s hemoglobin level was low today
- Is there anything you **heard** the patient report during the examination that would alert you to be

cautious during the carrying out of any components of the POC?

- Is there anything you **saw** during the patient’s transfer training session that specifically indicates a need for modification/caution?

Red Light:

An experienced clinician makes decisions every day, not just of actions to take but also of actions to **AVOID**. Consider these examples:

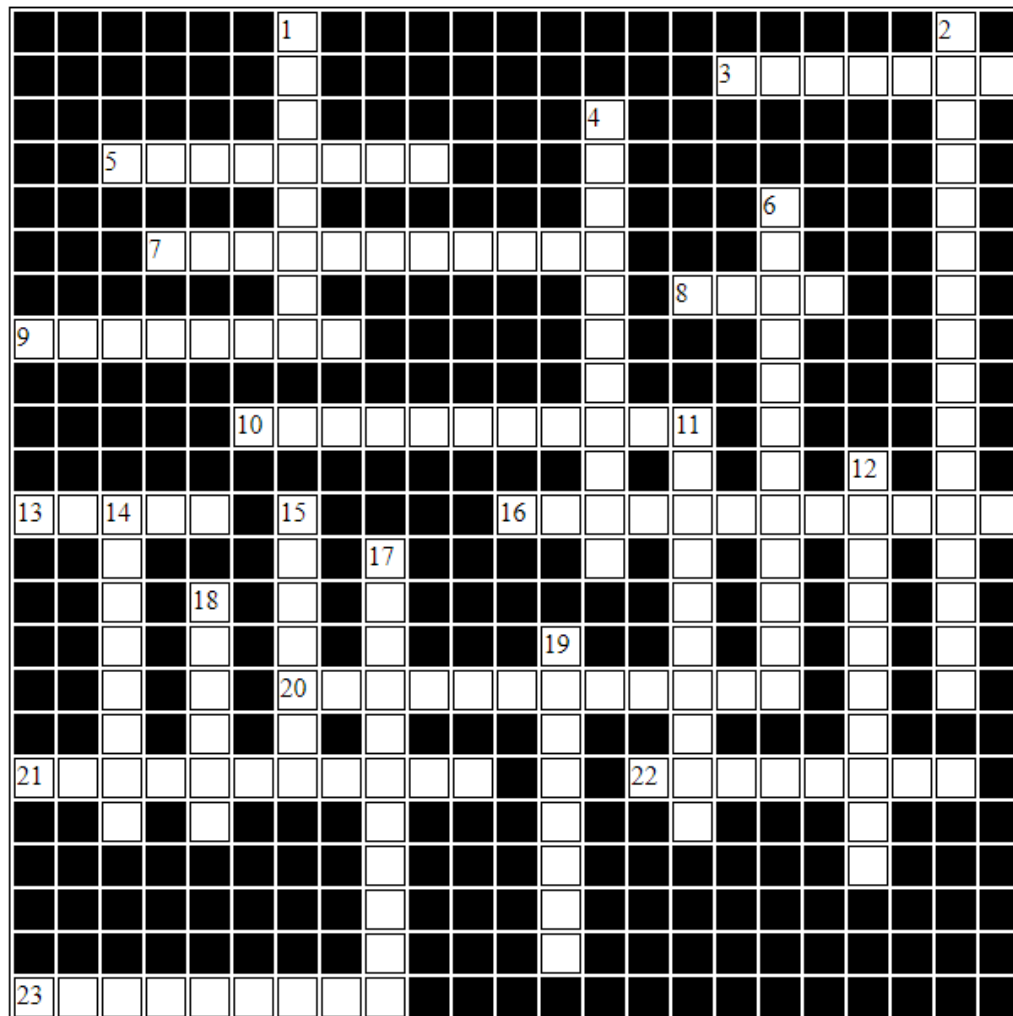
- I decided to omit monitoring the patient’s vital signs after **reading** the positive nurse’s report, **hearing** him report feeling well and **seeing** no adverse responses to ambulation.
- I decided to avoid stretching the patient’s knee today after **assessing** an empty end-feel
- After **reading** the patient’s lab report, are there any interventions you think we should avoid today?
- After **seeing** the redness and feeling the warmth in the patient’s ankle are there any components of the POC you would avoid today?

The purpose of a tool such as this is to make the process of critical thinking and problem solving more transparent and explicit so that the student (novice) can generate a more solid template for clinical decision making. Give it a try and I look forward to feedback on how it works for you and your students!

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



Across

3. type of transmission based precautions followed for influenza
5. hamstring stretching would be commonly used as a correction for this faulty posture
6. cranial nerve XII; responsible for movements of the tongue
8. primitive reflex in infants also referred to as the "startle" reflex
9. a FIM scale score of 3 is equivalent to this level of assistance
10. term for a drug used to lower a fever
13. arterial disease signs include elevation pallor and dependent _____
16. lesion affecting 1/2 (left or right side) of the spinal cord
20. life threatening condition occurring when a diabetic's blood sugar rises and stays too high
21. location in the spinal cord for the cell body of a lower motor neuron
22. common trade name for the generic drug warfarin
23. primary scapular muscle targeted when using resisted D2 flexion exercises

Down

1. talipes equinovarus is more commonly referred to as this condition
2. Scottish Rite abduction brace used in the management of this "disease"
4. classic EKG sign of a myocardial infarction
6. muscle group affected in a patient with a "steppage gait" pattern
11. method of heat transfer occurring during ultrasound or diathermy use
12. another term for pulse duration in electrical stimulation
14. an excessively stiff heel cushion in a SACH foot would be associated with this problem seen at the knee during gait
15. group of exercises commonly used to promote coordination
17. most abundant type of white blood cells
18. "maneuver" used by patient's with muscular dystrophy to come to standing
19. amputation level in which all of the metatarsals and phalanges of the foot are removed



It's About You!

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Just some of the things BPCC PTA students have been up to this year.....

Right: BPCC PTA students volunteered their time to help with decorations and serving during the BPCC/City of Bossier Community Christmas Show. December 2017



Left: BPCC PTA students attended the APTA CSM conference in New Orleans. February 2018

Right: PTA students participated in screenings as part of the Special Olympics event in Baton Rouge, LA. Spring 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!!

“My CI was great at taking my questions at any moment and taking the time to answer them thoroughly. She could be mid goni measurement and be ready for questions. She was very flexible with me watching other PTs/PTAs working with their pts while we had downtime. Everyone was willing to talk to me about their patients as well which helped me learn and added to the “inclusive” feeling of the clinic.

Re: Ashley Hochstetler, PT
WK Rehab Institute

“One-on-One learning. Jeremy used every opportunity for teaching in every patient

encounter. He would say, “Show me how to do this technique or measurement.” If his way was a little different we would discuss and I found this very helpful.”

Re: Jeremy Sutton, PT
Vivian Physical Therapy

“She would stay after all work was done to teach me anything I needed extra help with, especially the more complicated neuro techniques. She would act as the patient, and then have me act as the patient to increase my confidence. She always gave great constructive feedback so I fully understood what I needed to do differently the next time.”

Re: Anne Bartels, PT
Minden Medical Center

“She allowed me to think critically out loud, which was a great opportunity to reinforce what I had learned in class.

She tailored to my style of learning, which is visual. She showed me how to do something and then let me try it after her. I was also allowed to follow other therapists around, which allowed me to listen to how they teach and cue patients on different things. She pushed me a little more every day to become more independent with treatments. She is very intuitive about how comfortable you are in different situations.”

Re: Kourtney Salter, PTA
Melanie Massey Physical Therapy

“Emily hand -chose patients that she knew wouldn't mind a student learning with them through treatment. She explained content as we went along and allowed me to observe prior to giving treatment. I personally found that helpful and it lowered my stress level!”

Re: Emily Abendroth, PT
Senior Rehab Solutions @ The Bradford

