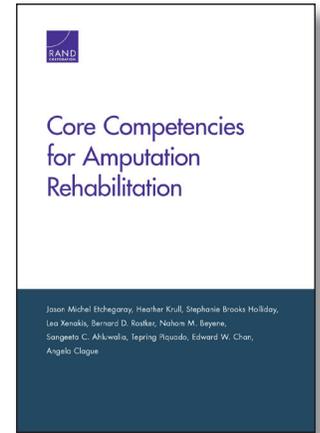




# Core Competencies for Amputation Rehabilitation

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With the numbers of service members requiring rehabilitation following combat-related amputation decreasing since 2011, provider skills to treat and rehabilitate amputee patients will atrophy if active steps are not taken to mitigate against skill erosion. The authors identify core competencies in which skills should be maintained and improved so that the military medical community is prepared for future conflict and increased patient volume.



## RESEARCH QUESTIONS

- What services were critical to amputation care and rehabilitation in the early 2000s, when combat-related amputations were at their peak?
- What core competencies are common to all services? What are the best means for inculcating them?
- Are there military frameworks that can be used to implement and evaluate them?
- Can best practices, knowledge, and skills from the civilian sector be adapted to the military setting?



## KEY FINDINGS

After September 11, 2001, the military sought to build a new system of care for combat amputees

- The system included a new team approach to patient care.
- The system included establishment of three advanced rehabilitation centers and the Extremity Trauma and Amputation Center of Excellence.
- The system included the goals of returning patients to their pre-injury level of activity and giving them the option to remain on active duty.

Interviews with providers who have provided care to patients with amputation revealed six key competencies and associated behaviors, which can be used as a basis for further training, education, and professional development

- These key competencies are teamwork, patient and family education, military and other cultural

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awareness, patient-centered care, evidence-based practice, and ethical and professional behavior.

These core competencies apply to nine services

- These services are behavioral health, biomedical engineering, case management, diet/nutrition, occupational therapy, orthopaedic surgery, physical therapy, physical medicine and rehabilitation, and prosthetics and orthotics.



## RECOMMENDATIONS

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- Core competencies need to be formally accepted by those leading and working in military health care settings. In order for this to occur, the competency framework must become part of standard operating procedure and include a common agreement for how it should be used in military provider settings.
- Once competencies are accepted, those in military health care settings must decide how to use them. Performance appraisals are one key area, and Medical Command's existing competency assessment files can be adapted for this purpose.
- Military health system leadership should adopt a proficiency framework for assessing individual and system-wide competencies to determine which levels and combinations of skills are appropriate for various installations and the system as a whole.
- Metrics and assessment time frames associated with competencies must be validated for military health care settings. Linking metrics to patient outcomes and conducting assessments in such a way that patient outcomes are a focus, especially by including patients and family members in those assessments, will yield improvements in the quality of care.
- Once optimal skill mix has been identified, mitigation strategies for competency gaps need to be developed. Here, partnerships between military and civilian sites can help expose military health care providers to more patients rehabilitating from amputations.