

Walter Reed Army Medical Center  
and Veterans Administration  
Amputee Healthcare & Prosthetic  
Workshop  
November 17-18, 2003

Subgroup Report:  
*Continuing Education*

# Baseline Information

- Prosthetic practice is an empirical field. Clinicians are either untrained or underexposed to research and “cutting edge” technology.
- The field of prosthetics is in need of a theoretical framework that uses evidence as the basis for clinical decision-making.
- Prosthetists and other amputee healthcare professionals need to incorporate novel methods and advancing technologies into their practice to provide best care for their patients.
- There is a need for the VA to take an active role in the development of professional education programs that provide research training necessary to develop evidence based practice guidelines and train practitioners to use the latest technology developed in the U.S. and abroad.

# Short term solution

- VA to provide timely support to WRAMC to establish protocols for data collection using reliable and validated instruments.
- Provide “data-mining” support to WRAMC (some current VA centers?) to help fuel “best practices” strategies
  - Better define target populations
  - Demographics / needs unique to veterans

# Background

- Health care providers (including physicians, prosthetists, therapists, nurses, etc.) and prosthetic researchers must develop new skills to provide veteran amputees acceptable care.
- The field of prosthetics has languished behind that of other healthcare professionals due to the lack of classical research training in the existing structured education programs.
- As a result, prosthetic development is not driven by statistically significant outcomes research resulting in evidence-based practice.

# The Challenge:

“If educational programs for prosthetists and other allied health professionals do not incorporate classical research training and continuing education classes do not expose these professionals to cutting edge technology, what mechanisms do we develop that address these issues?”

# Immediate Needs

- The war in Iraq has created an urgent need for establishing best practices in the care of traumatic amputees.
- Walter Reed is the current center of clinic care for these amputees.
- Collection and evaluation of clinical data from these patients is essential for defining best practice, but clinical staff have neither time nor resources to ensure that appropriate data is collected and interpreted.
- Therefore, there is an immediate need for the VA to provide the research support to fulfill this need.

# Long Term Action Plan – Solution #1: Center for Amputee Research Excellence (CARE)

## The establishment of CARE will:

- Serve as a center for amputee research and training
- Serve as a vehicle for “current best practice” protocols
- Conduct outcomes based research to validate “best practice” protocols
- Collaborate with the VA’s current amputee database initiative
- Disseminate efficient and timely information to clinicians
- Serve as a resource to healthcare providers and amputees alike
- VARR&D should issue an RFP for CARE

# CARE Staffing

- Dedicated staff for the center:
  - Clinical staff committed to research:
    - MD's,
    - prosthetist's and orthotists
    - PT's and OT's
    - Nurses
    - Psychology
  - Research staff:
    - PhD/MPH/MD focused on prospective outcome research
    - Engineers: Movement Science and Testing Lab
    - Opportunities for Career Development Award program, pre- and post-doctoral fellowships

# CARE, cont.'d

- Physical characteristics:
  - Based in area where a large number of amputees/disabled veterans are in need of care
  - Patient care areas
  - Movement science (gait) lab
  - O&P fabrication rooms
  - Classrooms
  - On-line telecommunications capabilities
  - Affiliation with an Engineering lab (cyclical loading testing)

# Adjunct to the CARE Center

- Establish a Research Mentorship Program
  - Multidisciplinary – VA personnel and professional association partnerships
  - Internship programs
  - Ensuring not only statistically valid research, but clinically relevant outcomes oriented research.

## Solution #2: Addressing the Need for Evidence-Based Clinical Care

- VA should offer “research basics” seminars, targeting professionals providing care to the amputee.
  - Helping to create a paradigm of research “consumers” can fuel more clinicians to partner in outcome investigations.

# Solution #3

## Collaboration with Ongoing Programs

- Template for defining “best practice” care
- Options: Partner with the American Academy of Orthotists and Prosthetists’ on-going initiative of hosting Clinical Standards of Practice (CSOP) consensus conferences.
  - Transfemoral socket design consensus
  - Diabetic/dysvascular foot care consensus
  - “Master Agenda” conference – Prioritize future conferences, dissemination strategies, follow up timetables.
- “Data-mining” effort to contribute to the “Master Agenda” conference

## Solution #3 Continued

- Participate in two “Focus on Education” conferences scheduled.
  - The lack of research education is recognized
  - Post-graduate education in P&O to address the problem
  - What are the reasons for a lack of post-graduate opportunities in the U.S. to date?

Thank you very much