

Susan Spaulding (1) presenting Ignacio Gaunaud (2) Dagmar Amtmann (1) Sara Morgan (1)
 Robert Gailey (2) Brian Hafner (1)

University of Washington, Seattle, Wa, USA (1) Miami Veterans Affairs Healthcare System, Miami, FL, USA (2)

Prosthetists' confidence administering outcome measures

Background: Prosthetists' use of outcome measures is needed to demonstrate and communicate the effectiveness of prosthetic services to payers and other rehabilitation team members. Despite the inherent value of outcomes measurement in prosthetic practice, frequency of outcome measure use by prosthetists is unknown. Lack of training and inexperience with outcome measures have been identified as barriers to measurement in other allied health fields¹ and may similarly affect prosthetists.

Aim: The objectives of this study were to assess the frequency of outcome measure use by prosthetists and to evaluate the short- and long-term effects of training on prosthetists' confidence administering performance-based measures.

Method: Seventy-nine certified prosthetists (mean of 16.0 years of clinical experience) were surveyed about their use of 20 standardized outcome measures, using a 5-point ordinal scale. Prosthetists' were then formally instructed in administration of two outcome measures, the Timed Up and Go (TUG) and Amputee Mobility Predictor (AMP), using mixed interactive and didactic sessions. Mixed-method training has been shown to be more effective than either didactic or interactive instruction alone.² The interactive training sessions involved each clinician administering the TUG and AMP under supervision. Prosthetists' confidence administering the TUG and AMP was measured by self-report before training, immediately after training, and at 1-2 years follow-up. Differences in confidence across the three time points were evaluated with the Wilcoxon Signed Rank test. A p-value threshold of 0.025 was set to account for multiple comparisons.

Results: The majority of prosthetist participants improved two or more confidence categories immediately after receiving AMP and TUG training (54% and 64%, respectively). At 1-2 years follow-up, prosthetists' (n=30) confidence performing the AMP and TUG did not statistically differ (p=0.56 and p=0.25, respectively) from that reported immediately after training (**Figure 1**).

Discussion & Conclusion: Prior to training, prosthetists in this study reported limited use of and confidence with standardized outcome measures. However, interactive training significantly increased prosthetists' confidence in administering the TUG and AMP. Prosthetists' confidence did not change 1-2 years after training. These results suggest that targeted training may address barriers related to experience and facilitate increased use of outcome measures in clinical practice with lasting changes in clinicians' confidence. Development and implementation of mixed-method training programs are therefore recommended to provide prosthetists with opportunities to gain familiarity and experience with measures that can be easily applied in clinical practice.

References:

1. Duncan EA, Murray J. *BMC Health Serv Res*; 12, 1-9, 2012.
2. Forsetlund L, et al. *Cochrane Database Syst Rev*; 2, 2009.

