Burn Rehabilitation Therapists Competency Tool—Version 2: An Expansion to Include Long-Term Rehabilitation and Outpatient Care

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The Burn Rehabilitation Therapist Competency Tool (BRTCT) was developed in 2011 to define core knowledge and skill sets that are central to the job performance of occupational and physical therapists working with burn patients during acute hospitalization and initial rehabilitation. It was the first national effort to provide standards that burn centers could use for the training and evaluation of a BRT performance. The American Burn Association Rehabilitation Committee recently expanded the tool to include long-term rehabilitation and outpatient care in order to more fully represent all of the stages of care in which patients with burn injury receive therapy. Thirty-six burn centers contributed competencies, 17 rehabilitation experts participated in a systematic Delphi questionnaire process, and eight representatives from seven additional burn centers validated the tool. The revised BRTCT, called the BRTCT-2, includes four new practice domains and 28 new competency statements. The expanded tool provides a common framework of standards for performance for occupational and physical therapists working with patients throughout the full spectrum of burn care. (J Burn Care Res 2017;38:e261–e268)

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Professional competence includes knowledge, judgement, skills, experience, attitude, and thought patterns that when used singularly or in various combinations result in successful performance.[1] Competencies in health care are used to determine practice standards, establish expectations for professional development, and improve the effectiveness of training and educational programs.[2–4]

Before 2011, there were no published competencies or national standards of practice for occupational or physical therapists working in burn care. That year, the American Burn Association Rehabilitation Committee (ABA-RC) published the first burn rehabilitation therapist (BRT) competency tool, known as the Burn Rehabilitation Therapist Competency Tool (BRTCT).[5] Thirty-one verified burn centers

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contributed local competencies as a starting point for the development of the tool. A staged, multimethod approach consisting of a series of Delphi questionnaires administered to 25 burn rehabilitation experts was used to achieve consensus regarding core domains of practice and knowledge/skill competency statements. The Delphi process was used because of a paucity of supporting research for best practice in burn rehabilitation.[6,7] This technique has been used as a means of establishing evidence in situations where there is a lack of research.[8] The Delphi process has been shown to improve validity when attempting to identify component skills of professional effectiveness.[9]

The original BRTCT was validated by representatives from eight additional burn centers. The published tool consisted of 15 core domains of care and 61 competency statements, representing level 1 (basic) and level 2 (advanced) knowledge and skill for the acute and initial rehabilitation phases of care.[5] It has been implemented at multiple verified and nonverified burn centers to guide the training of occupational and physical therapists, collectively called BRT.[10]

The purpose of the present project was to expand the BRTCT to define competencies for BRTs working with patients during the long-term rehabilitation and outpatient phases of care. BRTs are commonly involved in the care of the burn patient starting at hospital admission and continuing through outpatient treatment, thus competencies for the entire spectrum of care were warranted. The ABA-RC used the same consensus building process used for the development of the original BRTCT to expand the tool and encompass long-term rehabilitation and outpatient statements. This article describes that process, presents the revised version of the BRTCT (called BRTCT-2), discusses considerations for application, and reviews assessment recommendations.

METHODS

ABA verified centers (61) were contacted electronically and asked to submit competency statements specifically related to long-term rehabilitation and outpatient therapy that are used locally at their center to train BRTs. In addition, the competencies submitted during the development of the original BRTCT were rereviewed for statements relevant to those stages of care. The new statements were used to form a Delphi questionnaire that was systematically distributed to a panel of burn rehabilitation experts using a previously described Delphi technique.[11]

The expert panel of burn rehabilitation specialists was established from occupational therapists, physical therapists, physiatrists, burn researchers, and an exercise physiologist serving on the ABA-RC between 2013 and 2015. It was predetermined that this group met selection guidelines proposed in the literature. Guidelines suggest that choosing individuals who are simply knowledgeable in the area of interest is not sufficient. Instead, it is recommended that Delphi panel participants are well-known, respected members of a target group, have publications in the area of interest, have first-hand experience with the issues and/or whose judgements are being sought.[12] All members of the panel met one or more of these criteria and as a group represented the breadth and depth of experience and knowledge intended to be represented in the revised BRTCT. By including different disciplines, it facilitated a broader perspective of care and encouraged diversity of viewpoints that spanned respectable controversy and generated more comprehensive discussions.[13] The Delphi panel consisted of 17 participants from 15 different burn centers. Participants had an average of 18.9 years (6.5–45) working in burn care and 82% had published in peer reviewed journals on topics within burn care.

Panel members independently completed the Delphi questionnaire by reviewing the competency statements and rating them based on statement clarity, relevance to BRTs, and importance in burn rehabilitation. A Likert-type scale (1–5) was used, and respondents were able to provide feedback in open-ended format for each item (Table 3). Between reviews, the group leaders compiled the responses anonymously for the group using controlled feedback. Controlled feedback in the Delphi process consists of an organized and efficient summary of the feedback from the previous Delphi questionnaire iteration given to participants to generate thorough review and additional insight about the information obtained.[12] The feedback summary was provided to panel members before group discussion that occurred between each Delphi round. Any statement given a rating of 3 or higher by expert reviewers (indicating disagreement) was discussed in depth and modified or omitted as determined by the group. If new competency statements were proposed by panel members, they were also discussed and considered for inclusion in the next round of review. The leaders again refined the competency statements based on the discussion and redistributed the questionnaire for another round of review using the same format until consensus could be achieved on all of the statements. Consensus was considered achieved when all reviewers rated the statements "1" or "2" and had no further discussion points. Group discussions were conducted via teleconference or in-person meetings. Delphi questionnaires were distributed and returned by email.

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Table 1. Summary of revisions and additions to the original Burn Rehabilitation Therapist Competency Tool

Domain	Level	Statements Added	Statements Revised	Total No. of final Competency Statements
1.1 Burn Rehabilitation Evaluation, Treatment, and Discharge Planning	1	7	1	13
1.2 Wound Care and Assessment	1	0	0	3
1.3 Critical Management	1	0	1	3
1.4 Edema	1	0	2	2
1.5 Pain/Anxiety Management	1	0	1	5
1.6 Positioning	1	1	1	3
1.7 Splinting	1	0	2	3
1.8 Range of Motion	1	0	1	3
1.9 Post-operative Management	1	1	1	5
1.10 Functional Mobility and Gait	1	0	5	5
1.11 Activities of Daily Living	1	1	2	4
1.12 Physical Agents/Modalities	1	0	2	2
1.13 Scar Assessment and Management	1	0	3	5
1.14* Management of Cutaneous Impairment	1	7	-	7
1.15* Endurance and Muscular Strength	1	2	-	2
1.16* Community Reintegration and Health/Wellness	1	4	-	4
2.2 Wound Care and Assessment	2	1	0	3
2.7 Splinting	2	0	2	3
2.13 Scar Assessment and Management	2	0	1	6
2.17† Serial Casting	2	0	2	2
2.18 † Biomechanics	2	0	0	2
2.19* Complex Burn Sequelae	2	4	-	4
Total	-	28	27	89

*New.
†Updated numbering.

The new competency statements were merged into the existing BRTCT to form the BRTCT-2. During the Delphi process, competency statements for some of the original BRTCT core domains were revised to encompass the entire spectrum of care. In this document, "core domains" are the specific areas of competency within the practice of burn therapy (eg, Splinting, domain 7). Each core domain has relevant knowledge and application "competency statements." Core domains and their associated competency statements may be level 1 that represents minimal knowledge and skill expected of BRTs, or level 2 that represents an advanced progression of the skill or knowledge required in level 1 or requires additional training. The first digit in the numeric categorization of the BRTCT indicates if the core domain is level 1 or 2, the second digit signifies the core domain, and the third digit represents the individual competency statement number (Ex. 1.7.1 = level 1, Splinting domain #7, and competency statement #1; Table 4).

The Delphi questionnaire and process of expert consensus used in this study established basic content validity of the tool. However, a final draft of the document underwent further review by a purposive sample of eight experienced BRTs who participate in direct patient care and training of burn therapy staff at their respective seven burn centers throughout the United States and Canada. Distributing the final tool to practitioners who were not involved in the development but would likely be administering it was done to establish face validity and make the tool more useful to burn therapists. They reviewed the BRTCT-2 and were asked to provide feedback regarding overall clarity of the statements, comprehensiveness of the domains, applicability of the tool at their burn center, and usefulness for training. The feedback provided was discussed by the panel during a final review and resulted in an additional Delphi questionnaire round for one more competency statement.

RESULTS

A total of 36 ABA verified burn centers' competency tools were reviewed as a foundation for the expansion of the BRTCT. The revised version (BRTCT-2) underwent four rounds of Delphi review involving 17 burn rehabilitation experts until consensus on the competency statements was achieved. Eight burn rehabilitation professionals from an additional seven

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Table 2. Framework for assessment of Burn Rehabilitation Therapist competence

Stage of Competence	Explanation of Stage
Remember	Recall or recognize information.
Understand	Explain the meaning of the information; be able to describe (in one's own words) the skill.
Apply	Use or apply knowledge; put theory into action.
Analyze	Analyze the components of knowledge and skill; interpret the impact of other factors (environment, patient response) on skill application.
Evaluate	Critiques one's knowledge and skills.
Create	Reorganize elements of a skill, create a treatment plan and apply the skill to meet the demands of a variety of situations and settings.

Adapted from Anderson and Krathwohl.[17]

burn centers validated the tool. All respondents reported that the BRTCT-2 could be applied at their centers and would be useful in training clinicians.

Four new domains were added to the BRTCT-2, three level 1 domains (Management of Cutaneous Impairment, Endurance and Muscular Strength, and Community Reintegration and Health/Wellness) and one level 2 domain (Complex Burn Sequelae). The added domains included five new knowledge and 12 new application competency statements. An additional 11 competency statements were added to the original domains in order to encompass the full spectrum of care. Minor changes in wording were made to the introduction and throughout the document for clarity and consistency. For example, "principles" were added to many of the knowledge statements because in addition to describing the indications, contraindications, precautions, and rational, the panel agreed competence would include knowing the principles that support an intervention. On the contrary, "proper" was removed from statements because the committee agreed that given the paucity of supporting literature in many areas of care, "proper" could not be well defined. Other terms, like "safe" and "effective," were moved to the introductory statement that is intended to apply to all domains. A summary of the additions and changes is shown in Table 1. The updated BRTCT-2 includes 19 distinct core domains of care and 89 competency statements (Figure 2).

DISCUSSION

The BRTCT-2 defines the knowledge and skills needed for BRTs to demonstrate competence throughout the entire spectrum of burn rehabilitation. This includes acute care through outpatient follow up, encompassing initial rehabilitation, long-term rehabilitation, and reconstruction. Expansion of the tool accommodates a more patient-centered approach to care by considering aspects of care beyond hospitalization.[14] The intent of the tool is to describe what competency domains are central to the job performance of BRTs, but not intended to dictate how care is provided in burn rehabilitation. Although some recent practice guidelines have been developed in burn rehabilitation based on critical review of the evidence, there is still insufficient evidence in many areas to make specific treatment recommendations.[15–17] However, the BRTCT-2 has identified what constitutes basic knowledge and skill for BRTs and can be used to establish practice standards, develop training programs, and guide research.

The BRTCT-2 is intended to be used at burn centers as a foundational document to determine safe and competent care. Demonstration of competence should include relevant knowledge and skill application with consideration for patient age, gender, socioeconomic status, and cultural background. The full spectrum of competence considers problem solving, clinical judgement, safe and effective technique, interpersonal communication, and accurate thorough documentation. Efficiency is an another important consideration in determining BRT competence because many burn rehabilitation treatments are complex and time consuming and within the larger picture of delivery of care, timeliness with performing these treatments is essential for cost containment. As with the original tool, the BRTCT-2 is meant to guide burn centers in training BRTs and can be customized to meet the specific needs and resources of individual burn units. It should be applied in compliance with discipline-specific practice acts and job descriptions.

The recommendation that BRT competence be assessed after initial orientation and biennially thereafter is in compliance with ABA verification criteria # 60.[18] As with the original publication of the BRTCT,

Table 3. Example of a competency statement for review on the Delphi Questionnaire *1.15.2 Application: Demonstrate prescription of cardiopulmonary (endurance) and resistance exercise training*

(1) strongly agree, (2) somewhat agree, (3) neutral, (4) somewhat disagree, (5) strongly disagree	
This competency is worded clearly	1–5
This competency is relevant for burn therapists	1–5
This competency is important compared to the others	1–5
Additional comments:	

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Table 4. Burn Rehabilitation Therapist Competency Tool—Version 2

All areas of competency should include relevant knowledge and skill application with consideration for patient age, gender, socioeconomic status, and cultural background. The full spectrum of competence should incorporate problem solving, clinical judgment, safe and effective technique, interpersonal communication with the patient and their caregivers, and accurate thorough documentation.

All statements refer to skills performed by an occupational or physical therapist and therefore a rehabilitation-specific context is implied for all competency statements. The competency items are to be implemented at the appropriate phase(s) of care that includes acute, rehabilitation, outpatient, and/or reconstructive phases.

For the patient with burn injury, the rehabilitation therapist will, in compliance with discipline specific practice act and/or job description:

Level 1

Competency 1.1 – Burn Rehabilitation Evaluation, Treatment and Discharge Planning

1.1.1	Knowledge: Describe the relationship between depth, extent, and location of burn on potential functional and aesthetic outcome.
1.1.2	Knowledge: Verbalize an understanding of the components of a comprehensive rehabilitation evaluation and outcome objectives.
1.1.3	Knowledge: Describe common complications associated with burn injury and the appropriate rehabilitative management.
1.1.4	Knowledge: Describe discharge and post-discharge therapy related needs.
1.1.5	Knowledge: Describe relevant functional and/or quality of life outcome measures.
1.1.6	Application: Perform a comprehensive rehabilitation evaluation, including problem identification, treatment goals, and plan of care.
1.1.7	Application: Perform ongoing reevaluation and progress rehabilitation treatment plan with modifications as needed.
1.1.8	Application: Develop a patient-specific post-discharge home program.
1.1.9	Application: Provide referral for, or provision of, post-discharge therapy follow-up.
1.1.10	Application: Demonstrate use of relevant functional and/or quality of life outcome measures.
1.1.11	Application: Analyze assessment findings and discontinue therapeutic interventions when no longer providing benefit.
1.1.12	Application: Demonstrate educational instruction to patient/caregiver for all relevant components of burn rehabilitation.
1.1.13	Application: Demonstrate clear and timely communication with burn team members regarding therapy plan of care.

Competency 1.2: Wound Care and Assessment

1.2.1	Knowledge: Describe methods of burn wound assessment including size, extent, depth, and location of injury.
1.2.2	Knowledge: Describe the principles of basic burn wound care and dressing to facilitate healing and control infection.
1.2.3	Application: Demonstrate basic burn wound care and dressing, including proper techniques for infection control.

Competency 1.3: Critical Management

1.3.1	Knowledge: Describe the physiological response of the burn patient to increased activity.
1.3.2	Application: Demonstrate proper monitoring and response to physiological changes during therapy.
1.3.3	Application: Demonstrate incorporation of critical care equipment during therapy.

Competency 1.4: Edema

1.4.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for therapy techniques to manage edema.
1.4.2	Application: Demonstrate implementation of therapy techniques for management of edema.

Competency 1.5: Pain/Anxiety Management

1.5.1	Knowledge: Differentiate between pain, anxiety, and other pain-related behaviors and symptoms during therapy with the sedated and alert patient, and understand the options for management.
1.5.2	Knowledge: Describe positive and negative coping behaviors and their potential impact on adherence with therapy and overall outcome.
1.5.3	Application: Evaluate and/or identify pain, anxiety, and other pain-related behaviors and symptoms during therapy with the sedated and alert patient.
1.5.4	Application: Demonstrate pain and/or anxiety management in preparation for and during therapy.
1.5.5	Application: Incorporate strategies for patient adherence and coping into the development of a rehabilitative treatment and discharge plan.

Competency 1.6: Positioning

1.6.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for patient positioning.
1.6.2	Application: Demonstrate patient positioning to minimize or correct contractures, and protect vulnerable structures.
1.6.3	Application: Demonstrate selection and use of equipment for patient positioning.

(*Continued*)

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Table 4. (*Continued*)

Competency 1.7: Splinting	
1.7.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for the use of basic static splints.
1.7.2	Application: Demonstrate fabrication, revision, and application of basic static splints to minimize or correct contractures and protect vulnerable structures.
1.7.3	Application: Demonstrate ongoing assessment of fit and wearing schedule of basic static splints and facilitate modifications as needed.
Competency 1.8: Range of Motion	
1.8.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for active, active-assisted, and passive range of motion.
1.8.2	Application: Demonstrate active, active-assisted, and passive range of motion techniques.
1.8.3	Application: Demonstrate objective measurement of range of motion.
Competency 1.9: Post-operative Management	
1.9.1	Knowledge: Describe various types of skin grafts, flaps, and skin substitutes and rationale for their use.
1.9.2	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for post-operative rehabilitation.
1.9.3	Knowledge: Describe common reconstructive surgeries and rationale for their use.
1.9.4	Application: Demonstrate post-operative management of skin grafts, flaps, skin substitutes, and donor sites.
1.9.5	Application: Demonstrate post-operative positioning, splinting, range of motion, and out of bed mobilization.
Competency 1.10: Functional Mobility and Gait	
1.10.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for functional mobility training.
1.10.2	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for gait training.
1.10.3	Application: Demonstrate bed mobility and transfer training.
1.10.4	Application: Demonstrate gait training, including lower extremity vascular support.
1.10.5	Application: Demonstrate selection and use of assistive devices for progression of upright mobility and ambulation.
Competency 1.11: Activities of Daily Living	
1.11.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for training of activities of daily living and instrumental activities of daily living.
1.11.2	Application: Demonstrate training of activities of daily living.
1.11.3	Application: Demonstrate training of instrumental activities of daily living.
1.11.4	Application: Demonstrate selection and use of adaptive equipment for progression of independence with activities of daily living.
Competency 1.12: Physical Agents/ Modalities	
1.12.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for the use of physical agents/modalities in burn rehabilitation.
1.12.2	Application: Demonstrate selection and use of physical agent/modality for designated therapeutic goals.
Competency 1.13: Scar Assessment and Management	
1.13.1	Knowledge: Describe the indications, contraindications, precautions, principles, rationale, and expected outcome for pressure therapy, scar massage, inserts, and gel sheeting.
1.13.2	Knowledge: Describe the methods and tools available for burn scar assessment.
1.13.3	Application: Demonstrate application, fitting, and progression of wear of pressure therapy devices.
1.13.4	Application: Demonstrate scar massage.
1.13.5	Application: Demonstrate application and use of inserts and gel sheeting.
Competency 1.14: Management of Cutaneous Impairment	
1.14.1	Knowledge: Describe common impairments in cutaneous function as a result of burn injury.
1.14.2	Knowledge: Describe assessment and intervention options for cutaneous impairment.
1.14.3	Application: Demonstrate evaluation, prevention and/or management of pressure sores.
1.14.4	Application: Demonstrate evaluation and management of burn pruritus
1.14.5	Application: Demonstrate evaluation and management of impaired sensory function.
1.14.6	Application: Demonstrate evaluation and management of impaired thermoregulation.
1.14.7	Application: Demonstrate evaluation and management of skin and scar vulnerability.
Competency 1.15: Endurance and Muscular Strength	
1.15.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for cardiopulmonary (endurance) and progressive resistance exercise training.
1.15.2	Application: Demonstrate cardiopulmonary (endurance) and progressive resistance exercise training.

(*Continued*)

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Table 4. (*Continued*)

Competency 1.16: Community Reintegration and Health/Wellness	
1.16.1	Knowledge: Describe long-term needs related to community reintegration and health/wellness.
1.16.2	Application: Provide referral or provision of training for work/school re-entry and leisure pursuits.
1.16.3	Application: Provide referral or provision of training for social skills and image enhancement.
1.16.4	Application: Provide referral for social and/or psychological support.
Level 2	
Competency 2.2: Wound Care and Assessment	
2.2.1	Knowledge: Describe principles of complex burn wound care, debridement, and dressing.
2.2.2	Knowledge: Differentiate between acute, chronic, and complex wound healing and understand the treatment options.
2.2.3	Application: Demonstrate complex wound care and dressing, including techniques for debridement.
Competency 2.7: Splinting	
2.7.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for the use of complex static, dynamic, and static progressive splints.
2.7.2	Application: Demonstrate fabrication, revision, and application of complex static, dynamic, and static progressive splints to minimize or correct contractures, and protect vulnerable structures.
2.7.3	Application: Demonstrate ongoing assessment of fit and wearing schedule of complex static, dynamic, and static progressive splints and facilitate modifications as needed.
Competency 2.13: Scar Assessment and Management	
2.13.1	Knowledge: Describe the properties and methods of application of burn scar assessment tools.
2.13.2	Knowledge: Describe the adjustments and modifications necessary to optimize the efficacy of pressure therapy devices.
2.13.3	Application: Demonstrate objective measurement of scars.
2.13.4	Application: Demonstrate and/or facilitate measuring and ordering of custom pressure devices.
2.13.5	Application: Demonstrate ongoing assessment of pressure device fit and facilitate modifications as needed.
2.13.6	Application: Demonstrate and/or facilitate fabrication, modification, and application of a transparent face mask.
Competency 2.17: Serial Casting	
2.17.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for the use of serial casting to minimize or correct burn scar contracture.
2.17.2	Application: Demonstrate application, monitoring, and removal of serial casts.
Competency 2.18: Biomechanics	
2.18.1	Knowledge: Describe skin, scar, soft tissue, and joint biomechanics and how they apply to burn rehabilitation techniques.
2.18.2	Application: Incorporate understanding of skin, scar, soft tissue, and joint biomechanics in the implementation of rehabilitation techniques.
Competency 2.19: Complex Burn Sequelae	
2.19.1	Knowledge: Describe the indications, contraindications, precautions, principles and rationale for implementing burn rehabilitation when complex burn sequelae are present.
2.19.2	Application: Demonstrate rehabilitation related evaluation and treatment for limb loss.
2.19.3.	Application: Demonstrate rehabilitation related evaluation and treatment for neuromuscular impairment.
2.19.4	Application: Demonstrate rehabilitation related evaluation and treatment for tendon, joint and bone complications, including tendon/joint exposure and heterotopic ossification.

it is recommended that stages of competence be used for assessment (Table 2) and include components of self-evaluation and peer or supervisor evaluation.[19] By using stages of competence, knowledge gaps can be identified and learning plans can be developed. It is recommended that assessors of competence have at least 2 years of experience working in burn rehabilitation and should have, themselves, achieved a high level of competence. These aspects of competency assessment were established with the development of the original BRTCT and underwent review by this panel with no recommendation for change.

Limitations

The investigators who participated in the development of the questionnaire and synthesizing of the feedback also participated in the reviews, which is a limitation to the study. However, caution was taken to fairly represent each response and conduct unbiased feedback discussions. The BRTCT was developed with a consensus building technique and should not be viewed or evaluated as hard science. Instead, it should be interpreted as representing expert opinion. The Delphi process was specifically chosen for this project because

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there is a paucity of supporting research for best practice in burn rehabilitation. Care was taken to follow published guidelines for the process, and the study was conducted with a structured and systematic approach aimed to harness the knowledge and experience of skilled practitioners and create a document that represents the best level of consensus possible.

Future Work

Disseminating the BRTCT-2 to both verified and nonverified burn centers in the burn rehabilitation community is an essential step toward standardizing training of BRTs. A recent study evaluated implementation of the original tool and demonstrated that it has versatility and can be implemented in a variety of settings.[10] Thirty-three percentage of verified and 50% of nonverified burn centers with existing competency programs found the BRTCT useful to modify or update their competencies. Implementation of the tool should be combined with methods to evaluate program effectiveness in areas such as clinician performance, safety, and patient outcome. The BRTCT may serve to help standardize burn therapy procedures, provide a framework for the future development of a specialty certification for BRTs, offer a rehabilitation benchmark for burn center verification, or guide future research in burn rehabilitation. As a next step, it is important to gain input from international burn rehabilitation experts to determine whether the tool is useable in burn settings outside of the United States and Canada.

CONCLUSION

Expansion of the BRTCT-2 to include long-term rehabilitation and outpatient care facilitates consistent practice standards in burn rehabilitation throughout the entire spectrum of care. The BRTCT-2 provides a common language for the development of training and education programs for BRTs, establishes a framework for basic practice standards, and offers an ideal foundation for the development a burn therapy certification. Competency standards in all areas of health care are increasingly important as burn centers face cost justification and will be important to increase interprofessional collaboration, improve outcome, and enhance the patient experience.

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