Introduction: An important part of burn recovery and reintegration involves the return to meaningful employment. Studies have determined that the workman’s compensation burn patient faces multiple barriers to return to work (RTW). Factors that increase time to RTW include increased TBSA burns, full thickness depth and grafting, burns to the hands and feet, and increased age. We hypothesize that patients with grafted burns, hand and feet burns, or psychological disorders following injury take longer to return to work.

Methods: A retrospective analysis was performed of burn patients seen in the outpatient burn clinic with work related injuries equal to or less than 5% TBSA, from 11/1/2016 to 5/31/2021. In addition to demographic data, also collected were locations of burns, dates of RTW, and positive PTSD and depression symptoms on screening.

Medians with interquartile ranges are reported due to nonnormal distribution, Wilcoxon Mann Whitney tests were performed using StataCorp. burn patients seen in the outpatient burn clinic with work related injuries.

Results: Of 118 patients, more injuries occurred in males (89%) than females with a median age of 36.5 years (IQR 26-49). The median TBSA was 1% (IQR .025-1.5) and the median time to return to work was 34 days (IQR 16-75). The 21 patients that were grafted took significantly longer to return to work (median 107.5 days; IQR 60-199.5) compared to 97 patients that were not grafted (median 28 days; IQR 13-59; p=0.0000]. Presence of a hand/foot burn trended towards increased time to RTW but was not significant, median 37 days (IQR 19-81) vs 26 days (IQR 14-61; p = .0306). Patients with PTSD and depression (n=16) also took longer to return to work (Median 66; IQR 33-89.5) compared to patients (n=90) that showed no symptoms on screening (median 30.5; IQR 14-72; p=0.032).

Conclusions: The increased RTW for grafted, hand and foot burns is supported in the current research, however the addition of PTSD and depression and its interplay with RTW has not yet been fully vetted in determining return to work readiness. Within our population, positive screens for these psychological stressors profoundly affected their ability to return to employment. This study continues to validate the need for early screening and intervention in our population and the need to intervene as early as possible with psychological support services.

A Change to Virtual Peer Supporter Training and its Effect on Participant Readiness and Satisfaction.

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Introduction: Peer support gives burn survivors and their loved ones hope for a brighter future helping speed and strengthen recovery for burn survivors and their loved ones. A strategic plan to explore a digital program change from in-person increasing access for burn survivors and burn programs was scheduled for the third quarter of 2021, but the global pandemic expedited the implementation. A 2-week asynchronous and a 4-hour virtual course was designed. This study sought to evaluate the effectiveness and participants’ perceptions of asynchronous and virtual training and their post-course readiness in the role of peer supporter.

Methods: A 5-point Likert scale was used to evaluate the opinions, perceptions, and satisfaction of the participants. The scale, ranging from strongly agree to disagree strongly, evaluated the modular education (length, relationship to manual, preparation for the virtual course) and the usefulness of a condensed online manual. A 5-point Likert scale (ranging from extremely helpful to not at all helpful) was used to evaluate each component of the course group exercises and the participants’ perception of skill development to become peer supporters. Open ended questions collected additional feedback to analyze potential changes to the new platform. The metric Net Promoter Score, or NPS, was used to measure the recommendation of the new program to others.

Results: Burn survivors (n=41) and medical professionals (n=3) participated in 6 courses over eight months. Participants reported the manual helped prepare for the course (86% strongly agree and 14% agree). Respondents felt the asynchronous modular education prepared them for the virtual component of the class (75% strongly agree and 25% agree). Additionally, respondents felt the 2-week timeline for module completion met their expectations (98% yes and 2% no). The participants felt the overall length of the course was just right (89%) to 9% too short and 2% too long. Participants rated their readiness (confidence level) to utilize their learned skills to support another burn survivor (52% extremely confident, 39% very confident, and 9% confident) after the virtual class. The combined courses rated an 82 NPS, equating to a positive participant experience and a course recommendation to others.

Conclusions: This study concluded the asynchronous and virtual education course provided an effective method to train burn survivors to become peer supporters. Overall, burn survivors expressed confidence in utilizing the skills learned from the new training program. Participants also experienced the use of virtual tools to meet the needs of burn survivors for peer support.