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Steady Steps: Enhancing Fall Screening For Older Adults

Falls are a leading cause of both fatal and non-fatal injury among patients over 65 years of age. Though 96% of physicians believe that fall assessments should be performed on elderly patients, only 52% believe they have the expertise to perform them. In a study by Eckstrom et al in 2016, a 4-hour educational intervention focused on evidence-based guidelines increased fall screening from 12.3% to 44.5% among interprofessional providers. The Sit-To-Stand (STS) and Timed Up and Go (TUG) tests are validated fall screens promoted by the CDC STEADI Initiative (Stopping Elderly Accidents, Death and Injuries). We sought to address the gap in fall risk assessment in our Central Brooklyn resident practice using a hands-on educational intervention. Our study targeted on improving resident beliefs, knowledge, procedural comfort. 52 charts were reviewed for patients aged 65 years and above obtaining care in our resident-run, urban safety-net primary care practice to determine whether residents were screening for falls in their practice. 32 residents were surveyed to assess their beliefs, knowledge, and training in this area. A multimodal educational intervention occurred during residents' didactics. Residents were provided handouts including instructions on how to perform TUG and STS with age-related thresholds. An unpaired random chart review of 61 patients aged 65 years and above was conducted after the educational intervention to evaluate resident clinical practice. From our data analysis, we were able to demonstrate an increase in knowledge of associated fall risk factors, statistically significant improvement w/ learning and comfortability w/ performing TUG/STS, and an increase in screening, documentation, and utilization after receiving proper education.