FALLS PROGRAMME FOR GERIATRIC MEDICINE TRAINEES IN MERSEY DEANERY

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNINGMETHOD	ASSESSMENT	EVIDENCEOFCOMPETENCE TO BE INCLUDED IN RECORD
To provide the trainee with the knowledge and skills to assess and manage older patients presenting with falls (with or without fracture) in an in- or outpatient setting	Knowledge Basic Gerontology Causes of and risk factors for falls Drug and neurovascular causes of falls and syncope Interventions to prevent falls Skills Communication skills Falls risk assessment tools Gait assessment Diagnostic skills Drug and non-drug interventions Team and leadership skills Health promotion Behaviour and attitudes Collaborative working with other professions and agencies, including Orthopaedic services. Seeking remediable causes of falls Positive but realistic approach to falls investigation and management Aim to enable patients to the maximum (function and safety)	Observation and discussion with senior staff in various contexts (e.g. admitting wards, ward referrals, outpatient falls clinics, day hospitals, residential care homes and patients home) On-the-job training including Fallsliaison and falls rehabilitation, falls risk assessment, gait/balance assessment, tilt testing, other specialist procedures, and multidisciplinary team meetings, with feedback from senior staff Personal study(textbooks, journals, internet, CD ROM, self-assessment media "Shadowing "of other health care professionals (therapists and Nurses) and social care professionals during the assessment process Formal postgraduate education courses (e.g. regional teaching programmes, conferences, in-house lectures at base-hospital, RCP and specialist society courses) Peer-supported learning methods, such as journal club Awareness of national guidelines and protocols(NICE, specialist society or RCP) as well as the local Trust-based policies Participating in falls audits	Ability to perform an accurate history and examination Ability to accurately identify the causes of and risk factors for falls in different individuals Ability to formulate an appropriate investigation and management plan Ability to pursue the management plan along with the multidisciplinary team Ability to provide a satisfactory explanation to the patient Ability to write a clear record and communication to the patient's General Practitioner	Satisfactory trainer's report, including the views of the multi-disciplinary team: i. Attending two Falls clinic consultations ii. Observing a ward-based referral or consultation on Falls iii. Feedback comment on the local Falls policy Satisfactory knowledge about falls assessment and management: i. KBA ii. Advisory attendance at a regional or national meeting/lecture on Falls Satisfactory Mini-CEX of consultations and multidisciplinary meetings: i. Mini-CEX and CBD on falls related topics.

N Aly July 2008: