Specialty Clinics Rotation-UW Falls and Mobility

Description: This experience occurs during the specialty clinic 12-week rotation. The geriatric fellow will spend one ½ day of clinic per week for six weeks in the UW Falls and Mobility Clinic. This education occurs under the tutelage of a geriatrician, geriatric nurse practitioner and a physical therapist experienced in managing falls and gait disturbance.

Supervisor: Dr. Przybelski

Supervisor contact information:

Phone: 263-7743
Pager: 4381

Goals
To equip fellows with the knowledge and skills necessary to diagnose the etiology for imbalance, falls and gait disturbance, and to implement an interdisciplinary management approach that optimizes safety, independence and mobility for at-risk seniors.

Objectives and Steps to Evaluate Competency in this Objective

The fellow will be able to

(Medical Knowledge)
- Identify the components of normal gait, balance and mobility
- Recognize risk factors that contribute to increased falls and fear of falling
- Describe medical conditions and medications that are associated with gait abnormalities and falls

As measured by 1) a geriatrics in-service examination, 2) their ability to discuss pertinent clinical data in their primary care case presentations with the program director in their VA GEM Clinic

(Patient Care)
- Perform a thorough gait and balance exam
- Demonstrate proficiency in using several common gait and balance assessment instruments (e.g. Get-up-and-Go, Tinetti Gait and Balance tool)
- Incorporate rehabilitation and physical therapy measures into a comprehensive care plan
- Prescribe assistive devices for mobility, orthotics and home adaptations to improve patient function and safety

As measured by 1) direct faculty observation with performance rated at global end-of-rotation evaluations

(Interpersonal and Communication Skills)
- Function effectively in an interdisciplinary care team
- Provide appropriate and effective patient education in falls prevention (e.g. environmental adaptations, medication adjustments) using clinic-based and web-based resources

As measured by 1) direct faculty observation with performance rated at global end-of-rotation evaluations

(Systems-based Practice)
- Coordinate appropriate referrals and interact with community-based agencies to facilitate home modifications, rehabilitation care plans and home nursing interventions as appropriate
As measured by 1) direct faculty observation with performance rated at global end-of-rotation evaluations, and 2) fellow-directed chart audits of their primary care patients afflicted with dementia (5 and 11 months)

Type of Clinical Encounter
Clinic evaluation of patient with supervision by faculty preceptor (the fellow will review the medical record, interview and examine the patient, synthesize information and then present the case to a geriatric faculty member)

Teaching Methods
Mini-didactic sessions with faculty and other learners
Case-based learning (case discussions with faculty preceptor)
Individual study using listed references

Patient Characteristics/ Mix of Diseases
This clinic population represents 60-70% women who are primarily over age 60 years. Conditions seen include arthritis, post-CVA gait disturbance, Parkinson’s disease, ADRs from common medication, vestibular dysfunction, low-vision.

Procedures
Gait and balance assessment using Tinetti gait and balance scales
Functional assessment using standardized tools

Bibliography:
8. Falls Reference File – See Dr. Barczi

I have read and reviewed the goals and objectives for this rotation.

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Fellow Signature     Faculty Signature