8-5-2025

Staff Education Program to Improve Nursing Knowledge on Fall Prevention Strategies

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
2025

Executive Summary: Staff Education Project

Staff Education Program to Improve Nursing Knowledge on Fall Prevention Strategies

by

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Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2025

Summary

In nursing practice, falls among adults aged 65 and above are a critical concern due to their potential to cause serious injuries and complications. As a result, fall prevention has become a top priority for healthcare providers striving to ensure patient safety and quality. The Doctor of Nursing Practice (DNP) project was designed to address the issue of falls in long-term care facilities by implementing a staff education program focused on patient fall risk assessment, identifying intrinsic and extrinsic factors influencing falls, and implementing evidence-based interventions. The DNP project practice-focused question was Does an education program on fall prevention strategies provided to nursing staff improve staff knowledge to assess patients for fall risk and implement appropriate interventions to reduce falls in long-term care facilities? A comprehensive review of current peer-reviewed articles primarily guided the project. Thirty-two participants attended the staff education program, and pretest and posttest data were used to answer the practice-focused question. The learners' results show a pretest average score of 63.54% and a posttest average score of 90.89%, with an average learning gain of ~79.96% after the staff fall education program. The learners' gain score shows the effectiveness of educational intervention in equipping staff with fall prevention strategies. Recommendations include continued annual evidence-based staff education on fall prevention strategies for existing staff and onboarding for new hires. Project outcomes support work relationships that create a pathway for positive social change, inclusion, equity, and diversity by inspiring staff to embrace a shared mission of protecting patients from harm, cultivating empathy, and cultural humility. These key values underpin a more inclusive and equitable healthcare environment.

Background

Gap in Practice

Falls among older adults are a significant public health concern, especially for those 65 years and above (Centers for Disease Control and Prevention, 2019). In the United States, approximately 1.6 million elderly residents in nursing facilities experience at least one fall annually (AHRQ, 2024). These falls are associated with serious injuries such as head trauma, fractures, and decreased mobility, which can severely impact their independence (AHRQ, 2024). Elderly falls also pose challenges for the healthcare organization, due to fall-related injuries requiring extended hospital stays, driving up healthcare costs, and contributing to poor patient satisfaction ratings, ultimately harming the organization’s reputation (Macolino & Fitzpatrick, 2024).

A significant gap in patient care quality at the selected organization is the high incidence of patient falls. The facility’s incident report tracking indicated that the facility has recorded over 50 falls per month for the past 5 months, raising serious concerns about patient safety. Caregiver audits further reveal that about 70% of the nurses and certified nursing assistants are newly graduated with less than three months of experience, and limited knowledge of current fall prevention strategies. These assessment findings highlight a critical practice gap. After discussion with the facility director of nursing, faculty advisor, and preceptor, it was concluded that implementing a staff education program of evidence-based fall prevention was the best approach to addressing this issue.

Project Question and Purpose

This DNP project aimed to develop a staff education program on fall prevention strategies to address the high incidence of falls at the facility. Educational programs aimed to equip the staff with the knowledge and skills to conduct fall risk assessments on newly admitted or post-fall incident patients, identifying intrinsic and extrinsic factors influencing falls. The educational programs will play a significant role in equipping staff with the knowledge of evidence-based intervention strategies that can be implemented to prevent falls in long-term care facilities. These programs will ultimately enhance patient safety and elevate the quality of care. The question guiding the project was Does an education program on fall prevention strategies provided to nursing staff improve staff knowledge to assess patients for fall risk and implement appropriate interventions to reduce falls in long-term care facilities?

Evidence Supporting the Gap in Practice

A comprehensive literature review addressed the limited staff knowledge of evidence-based fall prevention measures in long-term care facilities. Evidence-based journals from 2020 to 2025 were accessed through the Walden University Library using the CINAHL and Cochrane databases. Search terms and phrases included *patient falls in nursing homes*, *healthcare provider education*, *fall prevention training*, *fall risk assessment*, and *the multifactorial implementation process*. Research articles consistently highlighted insufficient nursing knowledge of evidence-based fall prevention measures as a key factor contributing to patient falls. Studies indicate the best approach for addressing this issue and ensuring that healthcare staff are equipped with the necessary knowledge and skills to implement preventive measures to enhance patient safety through staff education and training. For example, Shaw et al. (2020) highlighted that providing educational opportunities to enhance staff awareness and understanding of fall prevention protocols is highly beneficial to improve the quality of clinical practice.

Tools such as the Morse Fall Scales are often used to assess fall risk upon patient admission and after fall incidents, and an understanding of the intrinsic and extrinsic factors contributing to falls enhances staff awareness to identify at-risk patients and respond timely with appropriate interventions. According to the study by Albasha et al. (2022), conducting regular risk assessments for all patients upon admission and throughout their stay and identifying contributing factors can significantly reduce fall rates. A holistic, multifactorial approach remains the gold standard in preventing falls among the elderly. Morris et al. (2022) emphasized that staff education, environmental modifications, physical rehabilitation, medication, and cognitive management reduce fall rates and improve patient outcomes. In summary, staff were shown how to assess patients for fall risk and completion of the fall risk form, identify intrinsic and extrinsic factors contributing to falls, and implement an individualized intervention.

The Johns Hopkins Individual Evidence Summary Tool (Dang et al., 2021) was utilized to evaluate the strength of the evidence addressing the practice question. Each source of evidence was assigned levels. Three systematic reviews and meta-analyses (Albasha et al., 2023; DiGerolamo et al., 2021; Shaw et al., 2023) were classified as Level I, providing strong evidence that implementing staff education programs in long-term care facilities equips staff with the knowledge and awareness needed to prevent falls effectively. Two systematic reviews/meta-analyses (Deandrea et al., 2013; Shao et al., 2021) and two quasi-experimental studies (Ajibade, 2025; Imaginário et al., 2021) were assigned Level II. Both indicated that appropriate staff training, awareness of fall risk assessment, and intrinsic and extrinsic risk factors contribute to a fall reduction among the elderly. Lastly, two systematic reviews/meta-analyses (Guirguis-Blake et al., 2021;

Pillay et al., 2024) were assigned Level I, and two non-experimental qualitative studies (Macolino et al., 2024; Tiago, 2024) were categorized as Level III, emphasizing the potential effectiveness of a multifactorial interventional fall approach. In summary, this comprehensive literature review with assigned levels of evidence justified the project.

Staff Education Project Development

Project Setting and Participants

After the facility administrator approved the site for the project, the practice-focused questions were refined with the help of my faculty advisor and project mentor. The project primarily relied on the Walden University Library, which provided the best peer-reviewed articles and academic papers to answer the practice-focused questions. At the same time, the Johns Hopkins Individual Evidence Summary Tool was used to guide the strength of the evidence. An organizational readiness tool, stakeholder and SWOT analysis approach were used in developing the DNP project in combination with the ADDIE model as the mapping concept (see Appendix A). After the university approved the online ethics pledge, the staff education program on fall prevention measures kick-off meeting was executed, and the program was announced by creating a flyer. The program was conducted for two sessions, and 32 participants attended, mostly new employees, including 10 nurses, 20 certified nursing assistants, and two-unit clerks (see Appendix B).

Collection and Analysis of Evidence

A literature review synthesis provided insight into the staff education program questionnaire. A set of 12 multiple-choice pretest and post-test questionnaires was developed to assess staff knowledge, attitudes, and practices related to fall prevention (see Appendix C). A pretest was conducted before the training began to establish a baseline for staff knowledge and awareness about fall prevention. The education program covered key topics, including fall risk assessment, contributing factors to falls, and evidence-based prevention strategies. After the training, a post-test was conducted to measure changes in knowledge and awareness. The normalized gain formula was used to analyze the learning outcomes, which compared the pretest and posttest scores to quantify educational impact.

Results

Post-Implementation Results

The educational project aimed to assess the effectiveness and reliability of the interventions designed to enhance staff knowledge of fall prevention measures. The normalizing learners' gain formula was used to analyze the pretest and posttest questionnaire results. The method included calculating the pretest scores, which totaled 2,033.38, then divided by 32 participants, resulting in an average of 63.54%. After the staff education program, posttest scores rose to a total of 2,908.35, when divided by 32 participants, yielding an average of 90.89%. The learning gain column totaled 2,558.56, translating to an average gain of 79.96%**.** These results reflect a significant improvement in knowledge following the education program, suggesting strong retention and the effectiveness of the intervention measures. Table 1 shows the results.

Table 1

Learning Gain Results

Participant ID	Pretest score (*n* of correct answers)	Pretest %	Posttest score (*n* of correct answers)	Posttest %	Learning gain %
1	9	75	12	100	100
2	9	75	12	100	100
3	9	75	12	100	100
4	9	75	12	100	100
5	9	75	12	100	100
6	9	75	12	100	100
7	9	75	12	100	100
8	9	75	12	100	100
9	9	75	12	100	100
10	9	75	12	100	100
11	9	75	12	100	100
12	9	75	12	100	100
13	8	66.67	11	91.67	75
13	8	66.67	11	91.67	75
15	8	66.67	11	91.67	75
16	8	66.67	11	91.67	75
17	8	66.67	11	91.67	75
18	8	66.67	11	91.67	75
19	8	66.67	11	91.67	75
20	8	66.67	11	91.67	75
21	8	66.67	11	91.67	75
22	8	66.67	11	91.67	75
23	7	58.33	10	83.33	60
24	7	58.33	10	83.33	60
25	7	58.33	10	83.33	60
26	5	41.67	10	83.33	71.43
27	5	41.67	10	83.33	71.43
28	5	41.67	9	75	57.14
29	5	41.67	9	75	57.14
30	5	41.67	9	75	57.14
31	5	41.67	9	75	57.14
32	5	41.67	9	75	57.14

The educational program significantly enhanced the nursing staff's ability to assess patient fall risk, identify intrinsic and extrinsic factors contributing to falls, and implement individualized evidence-based interventions. Findings revealed an average knowledge improvement of 79.96% among staff who participated in the program, reinforcing the program's effectiveness. This initiative further supports my professional confidence, as a doctorate-prepared nurse, in addressing falls and related complications through ongoing educational initiatives.

Program Evaluation

All participants completed the staff education program on fall intervention measures. A summative evaluation was performed with all participants rating the learning experience a five on a scale of 1–5 (1 = *strongly disagree*, 5 = *strongly agree*), resulting in an outstanding overall score of 98% (see Appendix D). These results reflect the effectiveness of the educational program in meeting learning objectives. Participants were committed to integrating evidence-based fall prevention measures into clinical practice. Sustaining this success will require continued education during onboarding for new hires and annual training for existing staff. These efforts will help equip new staff with the knowledge needed to implement fall prevention, while informing existing staff of the new evidence-based interventions, ensuring continuous learning and improvement in patient safety.

Impact on the Organization

A well-planned education on fall prevention can positively impact an organization. One of the outcomes is promoting team collaboration among professionals, as training helps staff share information that fosters a healthy work environment that improves patient safety. Also, the program promotes staff development and competency as individuals who participate in the program will become familiar with effective evidence-based fall prevention measures, thus ensuring a safer environment and better clinical outcomes for the patient. Additionally, preventing falls and associated injuries will reduce healthcare costs as patients will have reduced hospital revisits and readmission rates that attract increased healthcare costs. This approach translates into financial savings while improving resource utilization. Finally, patient satisfaction is increased due to reduced falls, and patients feel more secure in their care environment.

Limitations

The project was subjected to various limitations, one of them being some staff resistance to change, as witnessed in the implementation of the educational programs, citing undertaking an inadequate staffing project in place of a fall prevention program. This led to a decline in the anticipated outcomes as some of the staff members perceived the educational program as ineffective in addressing inadequate staffing in the organization, which is the primary contributing factor to patient falls. An additional limitation is that the project was conducted in a single practice setting with a small sample size. This poses a significant challenge in capturing the full range of barriers and enablers to fall prevention, and analysis of the study findings, as this made it harder to detect the effectiveness of the intervention in achieving positive outcomes for all staff members. Lastly, findings revealed an average knowledge improvement of 79.96% among staff who participated in the program; this should not be generalized as this may not apply to other settings due to differences in staff culture and facility resources.

Importance of the Project Beyond the Local Site

The impact of a staff education program on fall prevention measures plays a profound role beyond the local site, as the findings play a significant role in preventing falls and related injuries, which is a major challenge in most long-term care facilities across the globe. Educating staff members, especially newly graduated employees with limited knowledge of contemporary evidence-based fall prevention interventions, strengthens their competence and empowers them to implement an effective fall prevention intervention. Moreover, improved competence translates to reduced fall rates and sets a higher benchmark for geriatric and long-term care globally for promoting best practices.

Conclusions

The DNP staff education program on fall prevention measures sought to explore the effectiveness and reliability of staff educational programs in addressing knowledge enhancement for nurses on the proper utilization of fall prevention measures. The project findings indicate that when staff receive targeted training, they are better equipped to assess patients for fall risk, identify intrinsic and extrinsic factors that impact falls, implement safety protocols, and respond effectively when fall incidents occur. Further research will determine whether the knowledge gained from training translates to improved nursing practice and resident quality of care in long-term care facilities. Also, organizations should consider the diverse cultural backgrounds of staff during learning-focused environments to strengthen fall prevention efforts, considering that health information and risk may be interpreted differently. Education empowers nurses to advocate for patient safety and lead in intervention implementation. However, the potential implication for practice is that the pressure to meet the target can lead to overrestricting patient mobility out of fear of blame when the patient falls. Effective falls programs support positive social change, equity, diversity, and inclusion by promoting safer, more dignified care for our elderly patients, ensuring that staff recognize the effects of cultural and socioeconomic factors that influence patient fall risk and tailoring interventions to meet the diverse population's needs.

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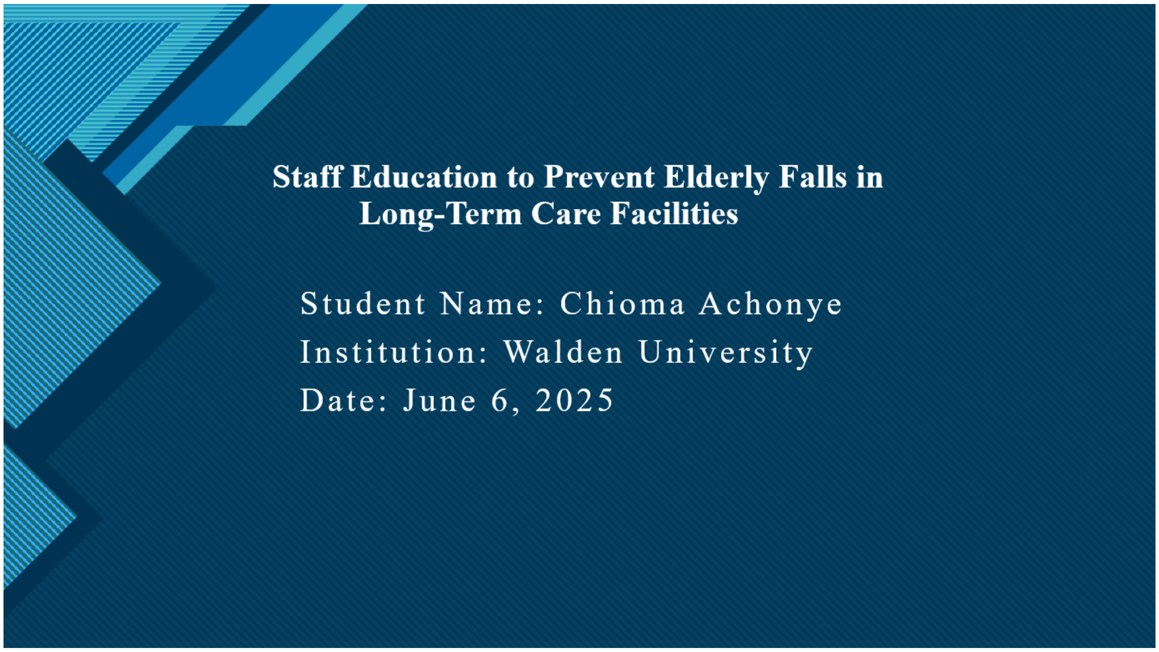
Appendix A

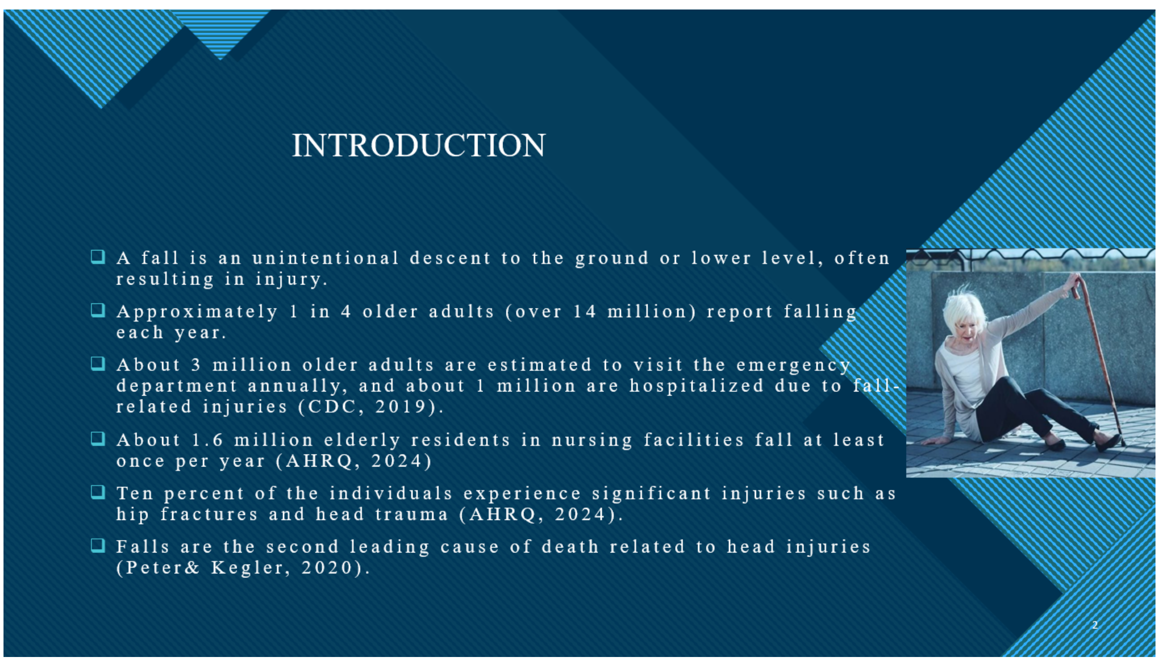
Curricular Plan

Learning Objective	Detailed Content Outlined	Method of Presentation	Method of Evaluation	Source of Evidence
1. Participants will be able to complete the fall risk assessment.	Review the Morse fall scale. Conduct the fall assessment. Complete documentation	PowerPoint	Pretest/Posttest items #1 and 2	(Deandrea et al., 2013 ; Shao et al., 2021 ; Miura et al., 2025)
2. Participants will be able to identify intrinsic and extrinsic factors that influence the elderly's falls	Intrinsic factors include fall history, impaired balance and vision, cognitive decline, medication side effects, foot problems, and chronic conditions. Extrinsic factors include poor lighting, uneven flooring, a cluttered hallway, a lack of grab bars, and handrails.	PowerPoint	Pretest/Posttest items #3, 4, 5, and 6	(Ajibade, 2025; Imaginário et al., 2021)
3. Participants will be able to describe and identify evidence-based practices that can be implemented to prevent falls.	The use of environmental modification. PT/ OT approach. Medication management. Mobility enhancement. Monitoring, auditing, and quality improvement.	PowerPoint	Pretest/Posttest items # 7, 8, 9, 10, 11, and 12	(Guirguis-Blake et al., 2021 ; Pillay et al., 2024 ; Macolino et al., 2024 ; Morris et al., 2022 ; Tiago, 2024)

Appendix B

Education PowerPoint Slide





Learning Objectives

- Identify fall risk assessment process
- Identify intrinsic and extrinsic factors that influence the elderly's falls.
- Identify impact of falls on the patient.
- Identify impact of falls on staff.
- Identify impact of falls on the organizations.
- Identify evidence-based fall interventions.
- Identify actual fall documentation process.

Impact of Fall on Elderly Patients and the Organization

For the Patient:

- Lead to fractures.
- Head injuries.
- Loss of independence.
- Increased mortality(Albasha et al., 2022).

For the Organization:

- Increase healthcare costs.
- liability risks.
- Staff workload.(Albasha et al., 2022).


Causes of Elderly Falls
Patient Intrinsic Factors (Patient-related)
Impaired Balance & Gait: Surgery/Parkinson's.
Visual Impairments: Glaucoma/Cataract.
Cognitive Decline: Dementia.
Medication Side Effects: Sedatives/HTN meds.
Chronic Conditions: Arthritis, DM, neuropathy.
Foot problem: Deformities/Painful Bunions.
Improper Foot Wearing: Oversized shoes.
Postural HTN: Sudden drop of B/P upon standing.
Fall History: Increases future fear of falling.
5


Causes of Elderly Falls Continued
Patient Extrinsic Factors (Environmental)
Poor lighting and cluttered walkways.
Uneven flooring or slippery surfaces.
Lack of handrails and grab bars in high-risk areas.
Improper bed height or furniture placement.
lack of non-slip socks.
Unsecured cords or rugs causing tripping hazards.
Improper use of assistive devices
6

Evidence-Based Fall Interventions

- **Addressing Patient Intrinsic and Extrinsic Factors:**
- Personalized risk assessments.
- Chronic condition management and medication reviews.
- Ensure proper footwear, clothing, and assistive devices are used correctly.
- Ensure the patient room has adequate lighting.
- Ensure the floor is not slippery and uneven.
- Answer the call light in a timely manner.
- Keeping frequently used items within easy reach.
- Ensure patient bed is not too high or too low (Personalized).
- Refer to PT for exercise programs to improve strength and balance.
- Frequent rounding.
- Educate patients and caregivers on fall prevention strategies.

7

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Appendix C

Pre/Posttest Questions on Fall Prevention Program

Pretest Questions on Fall Prevention Program

Question 1:

What is the reason for conducting a fall risk assessment on admission?

1. To document patient mobility preferences
2. To determine the patient's Medicare coverage
3. To identify individual risk factors and implement appropriate prevention strategies
4. To limit patient movement within the facility

Question 2:

Which patient population is at the highest risk for falls in long-term care?

1. Dementia patients with minor injuries
2. Post-surgical patients and older adults with mobility impairments
3. Young athletes admitted for sports injuries
4. Patients receiving routine vaccinations

Question 3:

Which of the following is considered an intrinsic risk factor for falls in elderly patients?

1. Poor lighting in hallways
2. Medication side effects such as dizziness and orthostatic hypotension
3. Loose rugs in patient rooms
4. Slippery hospital floors

Question 4:

Which extrinsic factor poses the most significant risk for falls among elderly patients?

1. Impaired vision due to glaucoma
2. Cluttered pathways in hospital rooms or hallways
3. Neuropathy-related gait instability
4. Muscle weakness from prolonged bed rest

Question 5:

Which of the following correctly identifies intrinsic and extrinsic factors contributing to falls in elderly patients?

1. Muscle weakness (Intrinsic) & Poor lighting (Extrinsic)
2. Loose rugs (Intrinsic) & Cognitive impairment (Extrinsic)
3. Orthostatic hypotension (Extrinsic) & Uneven flooring (Intrinsic)
4. Slippery hospital floors (Intrinsic) & Arthritis (Extrinsic)

Question 6:

An elderly patient reports feeling lightheaded when standing up. What intrinsic factor could be contributing to this symptom?

1. Slippery floor surface
2. A high bedside table out of reach
3. Orthostatic hypotension due to antihypertensive medications
4. An unfamiliar hospital layout

Question 7:

Which is the most effective evidence-based strategy to prevent patient falls in healthcare?

1. Encouraging patients to stay in bed as much as possible
2. Removing rugs and clutter from patient rooms
3. Conducting regular risk assessments and implementing individualized prevention plans
4. Placing "Caution: Wet Floor" signs throughout the hospital

Question 8:

Why is promptly responding to a patient's call light an important strategy in fall prevention?

1. It encourages patients to attempt independent mobility, reducing staff workload
2. It reduces the likelihood of patients attempting to get up without assistance
3. It prevents over-reliance on nursing staff for mobility support
4. It ensures patients remain in bed at all times

Question 9:

Which intervention most effectively reduces intrinsic and extrinsic fall risks in elderly patients?

1. Allowing unrestricted ambulation for independence
2. Encouraging elderly patients to rely solely on bedside rails for support
3. Implementing a multidisciplinary approach that addresses both environmental safety and patient-specific risk factors
4. Removing all chairs and furniture from rooms to prevent tripping hazards

Question 10:

Which of the following environmental modifications is most effective in reducing patient falls?

1. Keeping beds in the highest position for ease of movement
2. Ensuring proper lighting and eliminating clutter from walkways
3. Discouraging the use of mobility aids for independence
4. Encouraging patients to avoid walking altogether

Question 11:

Which intervention is most appropriate for a patient identified as high-risk for falls?

1. Allowing the patient to move independently without supervision
2. Assigning the patient to a bed farthest from the nurses' station
3. Implementing non-slip footwear and scheduled toileting assistance
4. Encouraging the patient to take frequent walks alone for independence

Question 12:

Which of the following physical therapy interventions is most effective in reducing fall risk among elderly patients?

1. Encouraging complete bed rest to prevent accidental falls
2. Strength and balance training exercises tailored to the patient's needs
3. Restricting mobility to minimize movement-related injuries
4. Providing patients with pain medication instead of physical therapy

Posttest Questions on Fall Prevention Program

Question 1:

What did you understand as the reason for conducting a fall risk assessment on admission?

1. To document patient mobility preferences
2. To determine the patient's Medicare coverage
3. To identify individual risk factors and implement appropriate prevention strategies
4. To limit patient movement within the facility

Question 2:

Which patient population is at the highest risk for falls in the long-term care setting?

1. Dementia patients with minor injuries
2. Post-surgical patients and older adults with mobility impairments
3. Young athletes admitted for sports injuries
4. Patients receiving routine vaccinations

Question 3:

Which of the following is an intrinsic risk factor for falls in elderly patients?

1. Poor lighting in hallways
2. Medication side effects such as dizziness and orthostatic hypotension
3. Loose rugs in patient rooms
4. Slippery hospital floors

Question 4:

Which **extrinsic** factor poses the most significant risk for falls among elderly patients?

1. Impaired vision due to glaucoma
2. Cluttered pathways in hospital rooms or hallways
3. Neuropathy-related gait instability
4. Muscle weakness from prolonged bed rest

Question 5:

Which of the following correctly identifies an intrinsic and an extrinsic factor contributing to falls in elderly patients?

1. Muscle weakness (Intrinsic) & Poor lighting (Extrinsic)
2. Loose rugs (Intrinsic) & Cognitive impairment (Extrinsic)
3. Orthostatic hypotension (Extrinsic) & Uneven flooring (Intrinsic)
4. Slippery hospital floors (Intrinsic) & Arthritis (Extrinsic)

Question 6:

An elderly patient reports feeling lightheaded when standing up. What intrinsic factor do you think could be contributing to this symptom?

1. Slippery floor surface
2. A high bedside table out of reach
3. Orthostatic hypotension due to antihypertensive medications
4. An unfamiliar hospital layout

Question 7:

Which is the most effective evidence-based strategy to prevent patient falls in healthcare?

1. Encouraging patients to stay in bed as much as possible
2. Removing rugs and clutter from patient rooms
3. Conducting regular risk assessments and implementing individualized prevention plans
4. Placing “Caution: Wet Floor” signs throughout the hospital

Question 8:

Why do you think promptly responding to a patient’s call light is an important strategy in fall prevention?

1. It encourages patients to attempt independent mobility, reducing staff workload
2. It reduces the likelihood of patients attempting to get up without assistance
3. It prevents over-reliance on nursing staff for mobility support
4. It ensures patients remain in bed at all times

Question 9:

Which intervention most effectively reduces intrinsic and extrinsic fall risks in elderly patients?

1. Allowing unrestricted ambulation for independence
2. Encouraging elderly patients to rely solely on bedside rails for support
3. Implementing a multidisciplinary approach that addresses both environmental safety and patient-specific risk factors
4. Removing all chairs and furniture from rooms to prevent tripping hazards

Question 10:

Which of the following environmental modifications do you think is most effective in reducing patient falls?

1. Keeping beds in the highest position for ease of movement
2. Ensuring proper lighting and eliminating clutter from walkways
3. Discouraging the use of mobility aids for independence
4. Encouraging patients to avoid walking altogether

Question 11:

Which intervention do you understand is most appropriate for a patient identified as high-risk for falls?

1. Allowing the patient to move independently without supervision
2. Assigning the patient to a bed farthest from the nurses' station
3. Implementing non-slip footwear and scheduled toileting assistance
4. Encouraging the patient to take frequent walks alone for independence

Question 12:

Which physical therapy interventions do you consider the most effective in reducing fall risk among elderly patients?

1. Encouraging complete bed rest to prevent accidental falls
2. Strength and balance training exercises tailored to the patient's needs
3. Restricting mobility to minimize movement-related injuries
4. Providing patients with pain medication instead of physical therapy

Appendix D

Program Evaluation Form

Your responses and comments will help improve future educational programs. Please circle your rating on each item below:

Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A), Strongly Agree (SA)

Criteria	SD	D	U	A	SA
Program objectives were clearly defined.	1	2	3	4	5
All the program objectives were met.	1	2	3	4	5
The materials were the right level of complexity for my background.	1	2	3	4	5
The course materials helped to support the program objectives.	1	2	3	4	5
The content was relevant to my needs.	1	2	3	4	5
The facilitator demonstrated a good understanding of the program materials.	1	2	3	4	5
The facilitator encouraged questions.	1	2	3	4	5
The facilitator made the subject understandable.	1	2	3	4	5
The presentation slides were clear.	1	2	3	4	5
The program content was presented clearly.	1	2	3	4	5
The time allowed for this program was right.	1	2	3	4	5
The setting was conducive to my learning.	1	2	3	4	5

Please complete the following

The most useful part of the education program was:

The least useful part of the education program was:

The session could have been improved by: