

Mobility/Fall Risk Resident Clinical Evaluation Exercise (CEX)

1. Please provide the date of the evaluation below:

Date

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Evaluator Name:

3. Please indicate the level to which the skill was achieved:

	Not observed	Partially achieved (prompting required)	Observed	N/A
Resident identifies fall risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident asks questions related to patient function (difficulty with ADL's, sensory impairment, sleep issues, incontinence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident identifies medications that are associated with falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident determines need for orthostatic blood pressure assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident observes gait and balance including patient feet, footwear and assistive device(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate follow up intervention plans discussed (Educate patient, review medications, refer for strength and balance exercise/fall prevention program or PT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Was a Timed Up and Go (TUG) test completed?

- Yes - Complete Question 5
- No- Skip to Question 8

5. Please indicate the level to which the TUG testing skill was achieved (OPTIONAL):

	Not observed	Partially achieved (prompting required)	Observed	N/A
Resident provides patient with overview of test directions (stand from chair, walk to the line at normal pace, turn, walk back to chair, sit down again)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident begins timing patient at "Go"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident observes patient stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident observes patient gait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident observes patient stride and sway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident completes timing test when patient sits down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident verbalizes patient fall risk based on timing of TUG test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. If TUG performed, was teach back offered to confirm patient understanding of assessment?

- Yes
- No
- Not necessary/applicable

7. If TUG performed, was additional time provided for patient and/or family to address concerns related to the testing results? (Example: Provider asked "What questions do you have regarding the mobility test you just completed?")

Yes

No

Not necessary/not applicable (please explain):

8. Please provide any additional comments, observations and/or feedback here:

9. Please ask the clinician to rate themselves on the following statements (select N/A if the skill was not demonstrated):

Not at all confident Somewhat confident Neutral Confident Highly confident N/A

Prior to demonstrating the fall risk assessment I would have rated my confidence with the skill as _____

After demonstrating the fall risk assessment and receiving feedback, I would rate my **pre-skill** demonstration confidence as _____

After demonstrating the fall risk assessment and receiving feedback, I would rate my **current** skill confidence as _____

Prior to demonstrating the TUG I would have rated my confidence with the skill as _____

After demonstrating the TUG and receiving feedback, I would rate my **pre-skill** demonstration confidence as _____

After demonstrating the TUG and receiving feedback, I would rate my **current** skill confidence as _____

Comments: