Methods A pre/post survey on fall-related knowledge, use of FP resources/strategies was conducted with family physicians recruited from those with substantial numbers of elderly patients. After applying the package over 4–6 weeks, 11 participated in in-depth phone interviews; 10 provided a follow-up survey.

Results/Outcomes Out of a max of 17, the average ‘fall-related knowledge’ pre score=10.2 (SD=2.5) and post-survey=13.2 (SD=1.3) ($t(9)=2.7$, $p<0.03$). After reviewing resources, 60% were more likely to screen for fall risk; 30% more likely to assess mobility and/or balance; 50% more likely to give fall risk handouts; and 20% more likely to provide information on medication/fall risk. After reviewing materials on fall-prevention strategies, 30% were more likely to provide education on home safety/physical activity/balance exercises; 50% more likely to refer to PT/OT; 40% more likely to provide Vit D guidelines, 50% more likely to provide calcium intake guidelines; and 20% more likely to make referrals to FP programmes. Interviews revealed insights into barriers and facilitators to PCFP.

Significance/Contributions to the Field The PCFP package increased knowledge and showed some improvements in FP practice among physicians.

EVALUATION OF A CANADIAN PRIMARY CARE FALL PREVENTION TRAINING AND RESOURCE PACKAGE

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Background Few physicians have the training/resources to include evidence-based fall prevention (FP) strategies as part of their standard practice.

Aims/Objectives/Purpose To address this, a Primary Care Fall Prevention (PCFP) package was developed including: an instructional video; fact sheets; a fall risk checklist; and patient handouts. Materials were evaluated to determine effectiveness of the resources to increase knowledge and/or bring about change in physician practice.