



COD 1a - Managing older adults with functional decline using comprehensive geriatric assessment (CGA). Part A: Management Plan

Key Features

- This EPA builds on the competencies of the Foundations stage to focus on generating a feasible management plan using CGA, including communicating prognosis, care planning, and managing transitions of care
- This EPA includes creating a prioritized problem list with a patient- and/or family-centred management plan that projects functional status trajectory of, and assesses for, rehabilitative potential
- The observation of this EPA includes the completion of a CGA STACER* and is divided into three parts: management plan; communication with patient and family; communication with referring source

Target

- Collect 3 observations of achievement
- At least 3 different case presentations
- At least 1 assessment of rehabilitative potential
- At least 2 different settings
- At least 2 different assessors

Case presentation

cognitive impairment; mood disorders; functional impairment/decline; frailty/multicomplexity; mobility/falls/gait disorders; bone health; orthostatic hypotension; dizziness; sarcopenia and deconditioning; incontinence; weight loss and optimal nutrition; optimal prescribing; pressure ulcers/injuries; driving safety awareness

Setting

- inpatient consult; geriatric unit; outpatient clinic; day hospital; outreach

Assessor

- Geriatrician

Milestones in Elentra

- ME 1.3 Apply clinical and biomedical sciences to manage common syndromes and/or issues in older adults
- ME 1.4 Perform comprehensive geriatric assessments that address all relevant issues
- ME 2.2 Perform medication reviews
- ME 2.1 Prioritize which issues need to be addressed during future visits
- ME 2.2 Select and/or interpret appropriate investigations
- ME 2.2 Synthesize patient information, incorporating caregiver and interprofessional team input, to determine diagnosis
- ME 2.2 Assess patients for rehabilitative potential
- ME 2.2 Assess and project functional status trajectory for older adults with common syndromes and/or issues
- ME 2.4 Establish a patient-centred management plan informed by comprehensive geriatric assessment
- ME 2.4 Integrate optimal prescription practices into management plan
- ME 4.1 Determine the necessity and timing of referral to another health care professional
- S 3.4 Integrate best evidence and clinical expertise into decision-making
- HA 1.2 Incorporate disease prevention and health promotion into interactions with individual patients, as applicable