



FOD 3b - Assessing, diagnosing and managing common neuro-cognitive disorders with typical presentations
Part B: Communication

<p>Key Features</p> <ul style="list-style-type: none"> • This EPA focuses on the initial assessment and diagnosis of patients with common neuro-cognitive disorders but does not include patients with delirium or behavioural and psychological symptoms of dementia (BPSD) • This EPA includes performing and interpreting cognitive assessment, physical examination and investigations, communicating diagnosis and prognosis, identifying potentially modifiable conditions, and recognizing the need for neuropsychological testing • This EPA also includes managing patients with pharmacologic and non-pharmacologic treatment options, utilizing community support programs, and demonstrating awareness of medicolegal aspects, and future planning • The observation of this EPA is divided into three parts: cognitive assessment; communication with patient and/or caregiver; and management • Parts A and C may be observed in simulation
<p>Target</p> <ul style="list-style-type: none"> • Collect 5 observations of achievement • - At least 2 of any of the following types of communication: home safety, management of finances, or other safety issues • - At least 1 communication of driving risk • - At least 2 observations by a geriatrician
<p>Case presentation</p> <ul style="list-style-type: none"> • communicating diagnosis with patient and family; communicating driving risk; communicating home safety risk; communicating about management of finances; communicating other safety issues
<p>Setting</p> <ul style="list-style-type: none"> • inpatient; outpatient
<p>Assessor</p> <ul style="list-style-type: none"> • geriatrician; geriatric psychiatrist; behavioural neurologist; care of the elderly physician
<p>Milestones in Elentra</p> <ul style="list-style-type: none"> • COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion • COM 3.1 Convey sensitive information regarding driving, cognition and other safety concerns clearly and compassionately • COM 1.5 Recognize when strong emotions are impacting an interaction and respond appropriately4 COM 3.1 Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner • COM 4.1 Communicate with cultural awareness and sensitivity • COM 4.3 Answer questions from the patient and family about next steps • COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions • P 3.1 Adhere to professional and ethical codes, standards of practice, and laws governing practice, especially as they relate to driving safety