



FOD 3c - Assessing, diagnosing and managing common neuro-cognitive disorders with typical presentations
Part C: Management

<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 1 each of the case mix • - At least 4 in clinical setting • - At least 2 observations by a geriatrician
<p>Case presentation</p> <ul style="list-style-type: none"> • MCI; Alzheimer’s; vascular/mixed dementia; Lewy body dementia
<p>Setting</p> <ul style="list-style-type: none"> • inpatient; outpatient; simulation
<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"> • ME 1.3 Apply knowledge of clinical pharmacology as it pertains to drug prescribing in common neuro-cognitive disorders with typical presentations • ME 2.4 Develop and implement initial management plans for common neuro-cognitive disorders • ME 4.1 Establish plans for ongoing care, taking into consideration the patient’s clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence • L 2.1 Apply knowledge of the resources available in the care setting when developing and implementing management plans • L 2.1 Apply knowledge of resources or agencies that address the health needs of older patients presenting with neuro-cognitive disorders • ME 2.4 Integrate knowledge of available community resources into the development of patient-centred care plans