Entrustable Professional Activity Guide: Geriatric Medicine

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Origins and Use

This document, commonly known as the Geriatric Medicine EPA Guide, was developed by the Royal College's Geriatric Medicine Committee to support the discipline's transition to Competence by Design (CBD). The format and structure of the document is designed specifically to support the development of the Royal College's technical infrastructure. Recognizing, however, that some faculty and residents will benefit from access to the document for teaching and planning purposes, the Royal College has opted to make the technical document available, as is. This material is subject to change. It is the user's responsibility to ensure that he/she is using the latest version, which is accessible via the Royal College's website.

Structure and Format

The following information provides guidance on navigation and interpretation of the various elements of this technical document.

When working with the electronic version of this document, you will find a navigation bar on the left-hand side of the PDF. This will support quick and easy transition between items.

Many of the items span multiple pages and share common design features. The following table describes the different design elements and should help users navigate through the items.

Feature	Description
Title	The title of each item includes the name of the discipline followed by the stage of training and item number. Items in each stage of training begin at number one. In some cases, there may be a letter after the number (i.e. an A or P). The letter refers to the stream within the discipline to which this item is applicable (e.g. 1AP – Item 1 is applicable to both the adult and pediatric stream).
EPA name	The Entrustable Professional Activity (EPA) name appears immediately after the title. This is a statement about the work of the discipline. It is observable and measurable.
Key features	The key features section describes the EPA and may include: • the focus of the EPA (e.g. body system, type of injury, safe patient monitoring), • different aspects of the observation (E.g. patient assessment and procedural skills, observed in preoperative clinic) • pre-learning requirements (E.g. builds on skills previously attained), or • procedural requirements (E.g., includes surgical and non-surgical management) This description helps both residents and supervisors better understand the nature and limitations of this professional activity; it may also emphasize requirements for consideration of entrustability.

Assessment Plan	The assessment plan describes the nature of the information that should be provided to the Competence Committee in order for that group to have enough information that they are able to make a decision regarding entrustment of this professional activity. This includes instruction on who is to provide the observation information (supervisor, delegate, other health professionals), the nature of the observation (e.g., direct or indirect), as well as the suggested ePortfolio observation form(s). This section also lists any additional information that should be collected about the case or observation, such as patient factors, diagnoses, treatments, and/or setting of care. This information helps build the observation form. The various factors included in this section are selected by the specialty committee in order to provide the Competence Committee with the breadth of information required to make a decision regarding entrustment of this EPA.
Relevant CanMEDS Milestones	Most EPAs are comprised of several CanMEDS milestones. Each milestone is preceded by a series of letters and numbers which link the milestone to the corresponding key and enabling competency within CanMEDS Interactive. For example, if the code is **ME 1.6**. **-ME** refers to the CanMEDS Role, *Medical Expert*. Other possibilities are COM= Communicator, COL=Collaborator, L = Leader, HA=Health Advocate, S=Scholar and P = Professional. **-1.6** refers to the Key and enabling competencies within the aforementioned Role.

Contact us if you have any questions or comments about this document at cbd@royalcollege.ca

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Geriatric Medicine: Transition to Discipline EPA #1

Initiating a comprehensive geriatric assessment (CGA) and identifying common geriatric syndromes

Key Features:

- This EPA focuses on components of the CGA, including conducting a comprehensive history and physical examination, documenting the clinical encounter, and identifying common geriatric syndromes
- This EPA also includes cognitive screening using Mini–Mental State Examination (MMSE) and a Montreal Cognitive Assessment (MoCA)
- This EPA does not include analyzing and synthesizing diagnoses for common geriatric syndromes
- The observation of this EPA is divided into two parts: performing a CGA; and performing an MMSE and MoCA

Assessment plan:

Part A: Performing a CGA
Direct observation by supervisor with case discussion

Use Form 1. Form collects information on:

- Case presentation: [select all that apply] 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
- Supervisor role: geriatrician; transition to practice geriatric medicine trainee; care of the elderly physician

Collect 1 observation of achievement

Part B: Performing an MMSE and MoCA
Direct observation by supervisor with case discussion

Use Form 1. Form collects information on:

- Case presentation:[check all that apply] 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
- Assessment tool: MMSE; MoCA
- Supervisor role: geriatrician; transition to practice geriatric medicine trainee; care of the elderly physician; geriatric psychiatrist; behavioural neurologist; occupational therapist; advanced practice nurse

Collect 3 observations of achievement
- At least 1 direct observation of each of the following: MMSE; MoCA
- At least 2 assessors

Relevant Milestones:

Part A: Performing a CGA

1 **COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**

2 **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**

3 **ME 2.2 Elicit an accurate, relevant comprehensive history including functional, medication and social history**

4 **ME 2.2 Perform a physical examination at the level of an internist, including a comprehensive musculoskeletal and neurological examination, targeted to the presentation**

5 **COM 2.3 Seek and summarize relevant information from other sources, including the patient's family, and medical records**

6 **ME 2.2 Identify frailty, cognitive impairment, mood disorders and functional impairment**

7 **ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to supervisor**

8 **COM 5.1 Organize the clinical information from a CGA within a written document**

9 **COM 5.1 Document information about patients and their medical conditions in a manner that enhances interprofessional care**

Part B: Performing an MMSE and MoCA

1 **COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**

2 **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**

3 **ME 2.2 Complete and score all required elements of a Mini-Mental Status Examination (MMSE) and/or Montreal Cognitive Assessment (MoCA) according to guidelines**

4 **COM 5.1 Document information about patients and their medical conditions in a manner that enhances interprofessional care**

Geriatric Medicine: Transition to Discipline EPA #2

Assessing and proposing management for older adults with common Internal Medicine conditions

Key Features:

- This EPA verifies skills attained in Internal Medicine and includes assessing and managing internal medicine conditions, prioritizing patient acuity, using appropriate diagnostic tests, and communicating with patients, and family members (verbal and written)
- The purpose of this EPA is to validate the skills the residents acquired in Internal Medicine
- This EPA can be observed in any clinical setting, and requires direct observation on at least one occasion

Assessment plan:

Direct and/or indirect observation by geriatrician or transition to practice geriatric medicine trainees

Use Form 1. Form collects information on:

- Conditions: *[open text box]*
- Setting: geriatric unit; inpatient consult; outpatient clinic; day hospital; geriatric rehabilitation unit; after-hours coverage; other *[open text box]*
- Type of observation: direct; indirect

Collect 2 observations of achievement

- At least 2 different medical conditions
- At least 1 direct observation

Relevant Milestones:

1. **ME 1.5 Prioritize patients based on the urgency of clinical presentation**
2. **ME 1.4 Recognize problems that may need the involvement of more experienced colleagues and seek their assistance**
3. **ME 1.4 Perform complete and appropriate assessments of older patients with common internal medicine presentations**
4. **ME 2.2 Interpret the results of investigations and develop a differential diagnosis relevant to the patient's presentation**
5. **ME 2.2** Select additional investigations as appropriate

6 **ME 1.3 Apply clinical and biomedical sciences to manage older adult patients with internal medicine presentations**

7 **ME 2.4 Develop and implement management plans for older adults with common internal medicine conditions**

8 **ME 2.4** Determine appropriate patient disposition, which may include admission, referral or follow-up

9 **ME 3.4** Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered

10 **ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to supervisor**

11 **COM 5.1 Organize the clinical information from a CGA within a written document**

12 **COM 3.1 Convey the diagnosis, prognosis, and plan of care in a clear, compassionate, respectful, and accurate manner**

13 **COM 4.3** Answer questions from the patient and family about next steps

14 **COM 5.1** Document clinical encounters to convey clinical reasoning and the rationale for decisions

15 **COL 1.1** Receive and appropriately respond to input from other health care professionals

16 **P 1.1 Complete assigned responsibilities**

Geriatric Medicine: Foundations EPA #1

Performing comprehensive geriatric assessments (CGA)

Key Features:

- This EPA focuses on all components of the CGA, including analyzing and synthesizing diagnoses for common geriatric syndromes
- This EPA also includes incorporating medical and interprofessional team input, comprehensive care planning, awareness of community services, living environments and programs, and managing transitions of care, managing goals of care, discharge planning, and rehabilitation potential

Assessment plan:

Direct observation or case review by supervisor

Use Form 1 and STACER*. Form collects information on:

- Case presentation: [select all that apply] 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
- Type of observation: direct; indirect
- Setting: inpatient consult; geriatric unit; outpatient clinic; day hospital; outreach

Collect 5 observations of achievement

- At least 3 different case presentations
- At least 1 direct observation using a CGA STACER
- At least 3 different settings
- At least 2 assessors

Relevant Milestones:

1 **ME 1.4 Identify, diagnose, and address common geriatric syndromes**

2 **ME 1.3** Apply knowledge of clinical pharmacology as it pertains to drug prescribing in common geriatric syndromes

3 **ME 1.3** Apply knowledge of optimal nutrition as it pertains to older adult patients

4 **ME 1.3** Apply knowledge of driving safety awareness as it pertains to older adult patients

* STACER is not available on ePortfolio platform

5 **ME 2.2 Elicit an accurate, relevant, and comprehensive history, including the components of a comprehensive geriatric assessment such as function and nutrition**

6 **ME 2.2 Perform a physical examination at the level of a geriatrician that informs the diagnosis, including screening for vision, hearing, gait, and balance**

7 **ME 2.2 Perform a mental status assessment, including the use of recognized cognitive/mental screening tools**

8 **COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent**

9 **ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation**

10 **ME 2.2 Synthesize patient information, incorporating caregiver and interprofessional team input, to determine a diagnosis**

11 **ME 2.4 Develop a preliminary management plan**

12 **ME 2.3** Establish goals of care that take into consideration the level of caregiver stress when applicable

13 **ME 4.1 Develop and prioritize well-defined questions to be addressed with a medical and interprofessional team**

14 **ME 5.2** Reconcile current and prior medication lists to enhance patient safety

15 **COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**

16 **COM 5.1** Document information about patients and their medical conditions in a manner that enhances interprofessional care

17 **COL 1.2** Consult as needed with other health care professionals, including other physicians

18 **COL 1.3** Communicate effectively with physicians and other health care professionals

Geriatric Medicine: Foundations EPA #2

Diagnosing and managing older patients with common medical conditions

Key Features:

- This EPA focuses on demonstrating a comprehensive history and physical examination, and collaborating with other specialties or other treating physicians in the management of common medical conditions
- This EPA also includes identifying normal aging vs disease states, interpreting labs and imaging results in context of age, and identifying the effects of multicomplexity and frailty
- This EPA includes patients with typical and atypical presentations of acute and chronic conditions

Assessment plan:

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Case mix: [select all that apply] hypertension; coronary artery disease; CHF; arrhythmia; stroke; diabetes; chronic kidney disease; anemia; Parkinson's Disease; movement disorders; COPD; pain; osteoporosis; gout; osteoarthritis; polymyalgia rheumatica; spinal stenosis; infections; thromboembolic disease; common rheumatological conditions; other *[open text box]*
- Observation: direct; indirect
- Setting: inpatient consult; geriatric unit; outpatient clinic; day hospital; collaborative geriatric specialty services
- Supervisor: geriatrician; transition to practice geriatric medicine trainee

Collect 5 observations of achievement

- At least 4 different case mixes
- At least 2 direct observations
- At least 2 settings
- At least 3 by a geriatrician

Relevant Milestones:

1 **ME 1.6 Provide evidence informed, patient-centred care of a medical condition in the context of frailty and multicomplexity and its impact on the patient**

2 **ME 2.2 Perform a comprehensive physical examination tailored to the patient's presentation**

3 **ME 1.4 Perform clinical assessments that identify and differentiate between normal aging and disease states**

4 **ME 2.2 Select and interpret appropriate investigations as they apply in the context of age**

5 **ME 1.3 Apply clinical and biomedical sciences to manage patients with typical and atypical presentations of acute and chronic geriatric syndromes**

6 **ME 2.4 Evaluate the applicability of clinical guidelines in the context of co-morbidities, aging and patient goals**

7 **ME 2.4 Develop and implement management plans in collaboration with the patient and family and the interprofessional team**

8 **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**

9 **COM 3.1** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner

10 **COM 5.1** Document information about patients and their medical conditions in a manner that enhances interprofessional care

11 **COL 1.2** Consult as needed with other health care professionals, including other physicians

12 **COL 1.3** Communicate effectively with physicians and other health care professionals

13 **COL 1.3** Provide timely and necessary written information to colleagues to enable effective relationship-centred care

14 **HA 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection**

Geriatric Medicine: Foundations EPA #3

Assessing, diagnosing and managing common neuro-cognitive disorders with typical presentations

Key Features:

- 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

Assessment plan:

Part A: Cognitive assessment
Direct observation or case review by supervisor

Use Form 1. Form collects information on:

- Case Mix: mild cognitive impairment (MCI); Alzheimer's; vascular/mixed dementia; Lewy body dementia
- Supervisor: geriatrician; geriatric psychiatrist; behavioural neurologist; care of the elderly physician
- Setting: clinical; simulation

Collect 6 observations of achievement

- At least 1 of each from the case mix
- No more than 2 observed in simulation
- At least 3 by a geriatrician

Part B: Communication with patient/caregiver
Direct observation by supervisor

Use Form 1. Form collects information on:

- Communication scenarios: [select all that apply] communicating diagnosis with patient and family; communicating driving risk; communicating home safety risk; communicating about management of finances; communicating other safety issues
- Supervisor: geriatrician; geriatric psychiatrist; behavioural neurologist; care of the

elderly physician
- Setting: inpatient; outpatient

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

Part C: Management
Direct or indirect observation by supervisor

Use Form 1. Form collects information on:
- Case mix: MCI; Alzheimer's; vascular/mixed dementia; Lewy body dementia
- Supervisor role: geriatrician; geriatric psychiatrist; behavioural neurologist; care of the elderly physician
- Setting: inpatient; outpatient; simulation

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

Relevant Milestones:

Part A: Cognitive assessment

1 **ME 1.4 Perform a focused clinical and cognitive assessment appropriate to the patient presentation**

2 **ME 2.2** Identify patients who require neuropsychological testing

3 **ME 2.2 Select additional investigations as appropriate**

4 **ME 2.2 Synthesize patient information, incorporating caregiver and interprofessional team input, to determine a diagnosis**

Part B: Communication

1 **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**

2 **COM 3.1 Convey sensitive information regarding driving, cognition and other safety concerns clearly and compassionately**

3 **COM 1.5 Recognize when strong emotions are impacting an interaction and respond appropriately**

4 **COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**

5 **COM 4.1 Communicate with cultural awareness and sensitivity**

6 **COM 4.3 Answer questions from the patient and family about next steps**

7 **COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**

8 **P 3.1 Adhere to professional and ethical codes, standards of practice, and laws governing practice, especially as they relate to driving safety**

Part C: Management

1 **ME 1.3 Apply knowledge of clinical pharmacology as it pertains to drug prescribing in common neuro-cognitive disorders with typical presentations**

2 **ME 1.3** Apply knowledge of clinical sciences as it pertains to non-pharmacologic treatment options

3 **ME 1.6** Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice

4 **ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient's condition evolves

5 **ME 2.4 Develop and implement initial management plans for common neuro-cognitive disorders**

6 **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**

7 **L 2.1 Apply knowledge of the resources available in the care setting when developing and implementing management plans**

8 **L 2.1 Apply knowledge of resources or agencies that address the health needs of older patients presenting with neuro-cognitive disorders**

9 **ME 2.4 Integrate knowledge of available community resources into the development of patient-centred care plans**

Geriatric Medicine: Foundations EPA #4

Diagnosing and initiating management of patients in delirium

Key Features:

- This EPA focuses on the diagnosis and initial management of delirium through the use of validated delirium screening tools, and the communication of diagnosis
- This EPA does not include prevention or pharmacologic management
- The observation of this EPA is divided into three parts: diagnosis; communication; and initiating management

Assessment plan:

Part A: Diagnosis
Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Case mix: hyperactive (i.e. agitated); hypoactive
- Setting: geriatric unit; inpatient consult; pre- and/or post-operative setting; emergency room; day hospital; residential care; other *[open text box]*
- Supervisor: geriatrician; care of the elderly physician

Collect 3 observations of achievement

- At least 1 of each from case mix
- At least 2 settings
- At least 2 by a geriatrician

Part B: Communication with family/care provider
Direct observation by supervisor

Use Form 1. Form collects information on:

- Case mix: hyperactive (i.e. agitated); hypoactive
- Setting: geriatric unit; inpatient consult; pre- and/or post-operative setting; emergency room; day hospital; residential care; other *[open text box]*
- Supervisor: geriatrician; care of the elderly physician

Collect 2 observations of achievement

- At least 1 of each from case mix
- At least 2 settings
- At least 2 different assessors

Part C: Initiate management
Case review with supervisor

Use Form 1. Form collects information on:

- Case mix: hyperactive (i.e. agitated); hypoactive
- Setting: geriatric unit; inpatient consult; pre- and/or post-operative setting; emergency room; day hospital; residential care; other *[open text box]*
- Supervisor: geriatrician; care of the elderly physician

Collect 3 observations of achievement

- At least 1 of each from case mix
- At least 2 settings
- At least 2 by a geriatrician

Relevant Milestones:

Part A: Diagnosis

1 **ME 1.3 Apply clinical and biomedical sciences to the diagnosis and/or management of delirium**

2 **ME 1.4 Perform focused clinical assessments, including appropriate history, physical examination, medication review and investigations**

3 **ME 2.2** Identify patients who require delirium screening

4 **ME 2.2 Select additional investigations as appropriate**

5 **ME 2.2** Synthesize patient information, incorporating caregiver and interprofessional team input, to determine a diagnosis

6 **ME 2.2 Perform a delirium screen using validated tools**

Part B: Communication with patient/caregiver

1 **COM 1.1** Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion

2 **COM 3.1** Convey sensitive information regarding cognition and delirium clearly and compassionately

3 **COM 1.4 Respond to patient's nonverbal communication and use appropriate non-verbal behaviours to enhance communication**

4 **COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful and objective manner**

5 **COM 5.1** Document information about patients and their medical conditions in a manner that enhances interprofessional care

6 **P 3.1** Adhere to professional and ethical codes, standards of practice, and laws governing practice

Part C: Initiating management

1 **ME 1.3 Apply clinical and biomedical sciences to the diagnosis and/or management of delirium**

2 **ME 2.2 Select and interpret appropriate investigations as they apply in the context of delirium**

3 **ME 2.4 Develop and implement initial management plans for patients in delirium**

4 **ME 2.4 Integrate knowledge of available community resources into the development of patient-centred care plans**

5 **COM 1.6 Adapt to the unique needs of patients in delirium and to their clinical condition and circumstances**

6 **COM 3.1** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner

7 **COM 5.1** Document information about patients and their medical conditions in a manner that enhances interprofessional care

8 **L 2.1** Apply knowledge of the resources available in the care setting when developing and implementing management plans

9 **HA 1.2** Work with patients and their families to increase opportunities to adopt healthy behaviours

Geriatric Medicine: Foundations EPA #5

Identifying issues with medication use and making suggestions for optimal prescribing

Key Features:

- This EPA focuses on obtaining an accurate medication history, medication review and reconciliation, including recommendations for optimal prescribing and feasible management suggestions (e.g. deprescribing, drug, dose, formulation alternatives)
- This EPA includes awareness of the factors and limitations of the best possible medication history generated by other professionals, as well as limitations of the extrapolation of clinical trial data and clinical practice guidelines to the frail elderly
- This EPA also includes understanding and incorporating patient goals and values in medication management decisions

Assessment plan:

Case presentation and review with supervisor

Use Form 1. Form collects information on:

- Case mix: [select all that apply] renal dysfunction; delirium; dementia; multiple morbidity; multiple medications; falls; orthostatic hypotension; functional decline; other *[open text box]*
- Supervisor: geriatrician; geriatric pharmacist; care of elderly physician
- Setting: inpatient; outpatient

Collect 5 observations of achievement

- At least 2 inpatient
- At least 1 outpatient
- At least 2 observations by a geriatrician
- At least 2 different assessors

Relevant Milestones:

1 **ME 2.2 Perform a full medication history assessment and reconciliation**

2 **ME 2.2 Identify potentially inappropriate medications (PIMs), adverse drug reactions (ADRs), prescribing cascades, and time to benefit (TTB)**

3 **ME 3.1 Describe the indications, contraindications, risks, and alternatives for given treatment prescriptions**

4 **ME 3.1 Ascertain the efficacy of prescribed treatment in the context of the patient's presentation**

5 **COM 4.1 Explore the perspectives of the patient and others when developing care plans in the context of prescribing and deprescribing**

6 **ME 4.1** Determine the necessity and timing of referral to another health care professional

7 **COL 1.2 Consult as needed with other health care professionals, including other physicians and pharmacists**

8 **COL 1.3 Engage in respectful shared decision-making with other physicians and/or health care professionals**

9 **ME 3.1** Determine the most appropriate procedures and therapies

10 **ME 2.4 Evaluate the applicability and/or limitations of the extrapolation of clinical trial data and/or clinical practice guidelines to older adults**

11 **ME 4.1 Establish plans for monitoring the patient and treatment efficacy**

12 **ME 2.4 Provide and/or adjust treatment prescriptions considering the pharmacokinetics and pharmacodynamics, adherence, and cost issues**

13 **L 2.1** Demonstrate stewardship of health care resources

Geriatric Medicine: Foundations EPA #6

Assessing and managing patients with a fall risk

Key Features:

- This EPA focuses on managing fall risk by performing appropriate neurologic and musculoskeletal examinations and gait analysis, and prescribing simple gait aids
- This EPA includes using and interpreting appropriate fall risk and balance assessments such as gait speed, Berg Balance Scale (BBS) and Timed Up and Go (TUG) test. It also includes a comprehensive assessment of modifiable and non-modifiable extrinsic and intrinsic risk factors to guide fall risk management, and integrating the assessments of interprofessional team members
- The observation of this EPA is divided into two parts: gait analysis and balance assessment; fall risk assessment and management
- Gait analysis and balance may be observed in a simulation setting

Assessment plan:

Part A: Gait analysis and balance assessment
Direct observation by supervisor, which may include input from physiotherapist or occupational therapist

Use Form 1. Form collects information on:

- Case mix: [select all that apply] movement disorders; MSK disorders; sensory impairment; cerebellar/ataxic; NPH; vascular (stroke/subcortical); orthostatic hypotension; multiple medications; cognitive impairment; other *[open text box]*
- Supervisor: geriatrician; care of the elderly physician; physiatrist; neurologist
- Setting: inpatient unit; day hospital; outpatient clinic; inpatient consult; simulation

Collect 3 observations of achievement

- At least 1 movement disorder
- At least 2 in clinical setting
- At least 1 by a geriatrician

Part B: Falls risk assessment and management
Direct and/or indirect observation by supervisor, which may include input from physiotherapist or occupational therapist

Use Form 1. Form collects information on:

- Case mix:[select all that apply] movement disorders; MSK disorders; sensory impairment; cerebellar/ataxic; NPH; vascular (stroke/subcortical); orthostatic hypotension; multiple medications; cognitive impairment; other *[open text box]*
- Setting: inpatient unit; day hospital; outpatient clinic; consultations; rehabilitation unit
- Supervisor role: geriatrician; care of the elderly physician; physiatrist

Collect 5 observations of achievement

- At least 1 movement disorder
- At least 1 orthostatic hypotension
- At least 2 by a geriatrician

Relevant Milestones:

Part A: Gait and balance assessment

1 **ME 2.2 Perform an MSK examination appropriate to the patient presentation**

2 **ME 2.2 Perform a neurological examination appropriate to the patient presentation**

3 **ME 2.2 Perform gait analysis and balance assessment including a description of the patient's gait using a systematic approach**

4 **ME 2.2 Interpret the results of gait and balance screening tools including gait speed, BBS, and TUG test**

5 **COL 1.1 Respond appropriately to input from other health care professionals as it relates to balance and gait**

6 **COL 1.2 Make effective use of the scope and expertise of other health care professionals**

Part B: Falls risk assessment and management

1 **ME 1.4 Perform falls risk assessments, including a comprehensive assessment of extrinsic and intrinsic risk factors that may lead to falls in older adults**

2 **ME 2.2 Select and interpret appropriate investigations based on the patient's presentation**

3 **ME 2.4 Develop and implement a management plan for falls**

4 **ME 2.4 Prescribe appropriate simple gait aids (e.g. cane, walker)**

5 **COM 3.1 Convey information on diagnosis and prognosis related to falls risk clearly and compassionately to the patient and caregivers**

6 **COL 1.1 Respond appropriately to input from other health care professionals as it relates to balance and gait**

7 **COL 1.2 Make effective use of the scope and expertise of other health care professionals**

8 **COL 1.3 Communicate effectively with physicians and other health care professionals**

Geriatric Medicine: Foundations EPA #7

Teaching and supervising junior learners

Key Features:

- This EPA focuses on evidence-informed practice and teaching skills
- This EPA includes topics such as the components of a CGA and common geriatric syndromes, and can be assessed in any setting involving junior learners
- This EPA also includes workplace based supervision and educational activities, bedside teaching and small group formal teaching
- This EPA does not include formal presentations (e.g. journal clubs, academic half day, grand rounds)

Assessment plan:

Direct observation by supervisor, incorporating junior learner feedback

Use Form 1. Form collects information on:

- Setting: *[open text box]*

Collect 2 observations of achievement

Relevant Milestones:

1 **COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner**

2 **S 2.1 Be a positive role model**

3 **S 2.2 Create a positive learning environment**

4 **S 2.3 Provide opportunities for appropriate graded clinical responsibility**

5 **S 2.3 Be available and accessible to junior learners**

6 **S 2.4 Identify the learning needs and desired learning outcomes of others**

7 **S 2.4** Develop learning objectives for a teaching activity

8 **S 2.4 Present the information in an organized manner to facilitate understanding**

9 **S 2.4 Provide adequate time for questions and discussion**

10 S 2.5 Provide feedback to enhance learning and performance

11 S 3.4 Integrate best evidence and clinical expertise into decision-making

12 P 1.1 Intervene when behaviours toward colleagues and/or learners undermine a respectful environment

Geriatric Medicine: Core EPA #1

Managing older adults with functional decline using comprehensive geriatric assessment (CGA)

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

Assessment plan:

Part A: Management plan
Indirect observation by geriatrician

Use Form 1. Form collects information on:

- 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
- Assessment of rehabilitative potential: yes; no
- Setting: inpatient consult; geriatric unit; outpatient clinic; day hospital; outreach

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

Part B: Communication with patient and family
Direct observation by geriatrician, including discussion with the patient and their family

Use Form 1 and CGA STACER

Collect 2 observations of achievement

- At least 2 different assessors
- At least 1 with CGA STACER

* STACER is not available on ePortfolio platform

Part C: Communication with referring source
Direct or indirect observation by geriatrician

Use Form 1. Form collects information on:

- Communication type: verbal communication; consultation letter

Collect 3 observations of achievement

- At least 2 consultation letters
- At least 2 assessors

Relevant Milestones:

Part A: Management plan

1 **ME 1.3 Apply clinical and biomedical sciences to manage common syndromes and/or issues in older adults**

2 **ME 1.4** Perform comprehensive geriatric assessments that address all relevant issues

3 **ME 2.2 Perform medication reviews**

4 **ME 2.1** Prioritize which issues need to be addressed during future visits

5 **ME 2.2 Select and/or interpret appropriate investigations**

6 **ME 2.2 Synthesize patient information, incorporating caregiver and interprofessional team input, to determine diagnosis**

7 **ME 2.2** Assess patients for rehabilitative potential

8 **ME 2.2 Assess and project functional status trajectory for older adults with common syndromes and/or issues**

9 **ME 2.4 Establish a patient-centred management plan informed by comprehensive geriatric assessment**

10 **ME 2.4** Integrate optimal prescription practices into management plan

11 **ME 4.1** Determine the necessity and timing of referral to another health care professional

12 **S 3.4** Integrate best evidence and clinical expertise into decision-making

13 **HA 1.2** Incorporate disease prevention and health promotion into interactions with individual patients, as applicable

Part B: Communication with patient and family

1 **COM 1.1** Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion

2 **COM 3.1 Share information and explanations that are clear and accurate while checking for patient and family understanding**

3 **COM 4.3** Answer questions from the patient and family about next steps

Part C: Communication with referring source

1 **COL 1.3** Engage in respectful shared decision–making with primary and/or referring physicians and other health care professionals

2 **COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner that enhances interprofessional care, and is in compliance with legal and privacy requirements**

3 **COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology**

Geriatric Medicine: Core EPA #2

Managing older adults with multiple co-morbidities across the spectrum of frailty

Key Features:

- This EPA focuses on developing an individualized management plan, demonstrating knowledge of a wide variety of interacting medical conditions common in older adults, and projecting trajectory of illness and care needs
- In addition to conducting a CGA, this EPA includes integrating the degree of frailty, performing advanced medication reviews, applying optimal prescribing and deprescribing practices, and recommending health promotion as applicable
- This EPA may be observed across multiple clinical settings, including collaborative geriatric specialty services

Assessment plan:

Case discussions with supervisor

Use Form 1. Form collects information on:

- Case mix: [select all that apply] hypertension; coronary artery disease; CHF; arrhythmia; stroke; diabetes; chronic kidney disease; anemia; Parkinson's Disease; movement disorders; COPD; pain; osteoporosis; gout; osteoarthritis; polymyalgia rheumatica; spinal stenosis; infections; thromboembolic disease; common rheumatological conditions; other *[open text box]*
- Multiple co-morbidities: yes; no
- Setting: inpatient consult; geriatric unit; outpatient clinic; day hospital; geriatric oncology service; trauma service; hip fracture service; transcatheter aortic valve implantation (TAVI) service; pre-operative assessment service

Collect 5 observations of achievement

- A variety of case mix
- At least 2 different settings

Relevant Milestones:

1. **ME 1.3 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations across the spectrum of frailty including multiple complex interacting co-morbidities**

2. **ME 2.1 Iteratively establish priorities, considering the perspective of the patient and family as the patient's situation evolves**

3. **ME 2.2 Project the trajectory of illness and care needs**

4 **ME 2.2 Integrate new findings and changing clinical circumstances into the assessment of the patient's clinical status**

5 **ME 2.2 Perform medication reviews**

6 **ME 2.4 Establish a patient-centred management plan informed by comprehensive geriatric assessment**

7 **ME 2.4** Develop, in collaboration with the patient and family, a plan to deal with clinical uncertainty

8 **ME 2.4 Integrate the results of a frailty assessment to develop a management plan that is safe, patient-centred, and considers the risks and benefits of all approaches**

9 **ME 3.3 Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities**

10 **COM 3.1 Share information and explanations that are clear and accurate, while checking for patient and family understanding**

11 **COM 3.1** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner

12 **COL 1.3 Engage in respectful shared decision-making with other physicians and/or health care professionals**

13 **HA 1.2 Incorporate disease prevention and health promotion into interactions with individual patients, as applicable**

Geriatric Medicine: Core EPA #3

Determining patients' capacity for decision-making

Key Features:

- This EPA focuses on assessing frail older adults' capacity to assign a substitute decision maker and to decide about personal care and healthcare in the context of provincial medico-legal legislation
- This EPA includes conducting screens for financial capacity but does not involve any formal medico-legal opinion or declaration
- Observation of this EPA can be done in a variety of settings and experiences, including simulation, and inpatient service and outpatient clinic in geriatric medicine and/or geriatric psychiatry

Assessment plan:

Direct observation or case review by supervisor

Use Form 1. Form collects information on:

- Case presentation: [select all that apply] personal care decision; major health care decision/treatment; establishing goals of care; future care planning; hospital discharge planning; acceptance of health services; acceptance of residential care; abuse/neglect; financial capacity screen; other *[open text box]*
- Observation: direct; case review
- Simulation: yes;no
- Supervisor: geriatrician; geriatric psychiatrist

Collect 3 observations of achievement

- At least 1 personal care decision
- At least 1 screen of financial capacity
- At least 1 direct observation

Relevant Milestones:

1 **ME 2.2 Perform a capacity assessment, screening for financial capacity, as required relevant to the patient presentation**

2 **ME 2.2 Demonstrate effective clinical problem solving and judgment to address patient capacity to make a decision**

3 **ME 2.4 Develop and implement management plans**

4 **COM 1.6** Tailor approaches to patient capacity assessment taking into account culture, education, sensory impairment, language

5 **COM 3.1** Provide information on diagnosis and prognosis in a clear, comprehensive, respectful and objective manner

6 **COM 5.1 Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans**

7 **COL 1.3** Collaborate with the patient's health care team in order to perform a comprehensive capacity assessment, as needed

8 **HA 1.1** Facilitate timely access to resources including the public guardian and/or trustee, legal advice, appeal mechanisms, family education and support

9 **P 3.1 Apply provincial laws governing practice as it pertains to consent, capacity, and elder abuse and neglect**

Geriatric Medicine: Core EPA #4

Assessing and managing patients with complex and/or uncommon neuro-cognitive presentations

Key Features:

- This EPA focuses on assessing and managing less common neuro-cognitive disorders, such as non-Alzheimer dementias and non-vascular dementias
- This EPA includes performing a comprehensive neurological exam to support atypical features, as well as managing other factors that can complicate the presentation
- This EPA does not include the diagnosis of common and typical neuro-cognitive disorders, the use of basic cognitive screening tests, or counseling about basic safety issues (e.g. driving, home safety, etc.)
- The observation of this EPA is divided into two parts: assessment and management of complex and/or uncommon neuro-cognitive disorders; and counseling and communication of diagnosis and prognostic issues specific to these less common disorders
- This EPA may be observed in the simulation setting

Assessment plan:

Part A: Assessment and management
Direct observation or case review by supervisor

Use Form 1. Form collects information on:

- Case mix: frontotemporal dementia (FTD); primary progressive aphasia (PPA); atypical Alzheimer's dementia (AD); rapidly progressive dementia; Jakob-Creutzfeld dementia (JCD); Parkinson's disease (PD) spectrum; infectious causes, including HIV; normal pressure hydrocephalus (NPH)
- Setting: outpatient clinic; memory disorders clinic; geriatric unit; inpatient consult; day hospital; simulation; other *[open text box]*
- Supervisor: geriatrician; behavioral neurologist; geriatric psychiatrist

Collect 5 observations of achievement

- At least 3 different presentations from case mix
- At least 2 different assessors

Part B: Counseling and communication
Direct observation by supervisor

Use Form 1. Form collects information on:

- Case mix: frontotemporal dementia (FTD); primary progressive aphasia (PPA); atypical Alzheimer's dementia (AD); rapidly progressive dementia; Jakob-Creutzfeld dementia (JCD); Parkinson's disease (PD) spectrum; infectious causes, including HIV; normal pressure hydrocephalus (NPH)
- Supervisor: geriatrician; behavioral neurologist; geriatric psychiatrist

Collect 2 observations of achievement

- At least 2 different presentations from case mix

Relevant Milestones:

Part A: Assessment and management:

1 **ME 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice**

2 **ME 2.2 Perform a clinical assessment focusing on differentiating causes of complex and/or uncommon neuro-cognitive disorders**

3 **ME 2.2 Select and interpret neuroimaging and neuropsychology investigations, as appropriate**

4 **ME 2.4 Establish a patient-centred management plan for complex and/or uncommon neuro-cognitive disorders including both non-pharmacologic and pharmacologic modalities**

5 **ME 4.1 Establish and implement patient-centred care plans that involve available community resources**

6 **COL 1.3** Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise

7 **L 2.1** Demonstrate stewardship of health care resources

Part B: Counseling and communication

1 **COM 1.6 Adapt to the unique needs/preferences of each patient**

2 **COM 3.1 Convey information and provide counselling related to the patient's diagnosis, management plan, and prognosis in a timely, honest, and transparent manner**

3 **COL 1.2** Make effective use of the scope and expertise of other health care professionals

4 **P 1.3** Manage ethical issues encountered in the clinical setting including genetic testing, use of enteral feeding, resuscitation and end-of-life issues

C5

Geriatric Medicine: Core EPA #5

Assessing and managing behavioural and psychological symptoms of dementia (BPSD)

Key Features:

- This EPA focuses on the assessment and management of BPSD, including identifying possible contributing/precipitating factors across the spectrum of BPSD and establishing pharmacological and non-pharmacological management options
- This EPA includes integrating input from the interprofessional team and caregivers, engaging caregivers and the interprofessional team in the implementation of non-pharmacological interventions, and referring patients to subspecialty care, as appropriate

Assessment plan:

Direct observation or care review by supervisor

Use Form 1. Form collects information on:

- BPSD presentations: [select all that apply] sexually inappropriate behaviour; physical aggression; agitation; psychotic features; pacing/wandering; apathy; depression; anxiety; other *[open text box]*
- Setting: outpatient clinic; specialized (memory disorders) clinic; geriatric unit; inpatient consult; geriatric psychiatry; behavioral neurology; long-term care; day hospital; other *[open text box]*
- Supervisor role: geriatrician; behavioral neurologist; geriatric psychiatrist

Collect 5 observations of achievement

- At least 3 different presentations
- At least 3 different settings
- At least 2 observations by a geriatrician

Relevant Milestones:

1 **ME 2.1** Iteratively establish priorities, considering the perspective of the patient and family as the patient's situation evolves

2 **ME 2.2** Perform medication reviews

3 **ME 2.2 Identify potential medication-related contributors to BPSD**

4 **ME 2.2 Synthesize patient information to determine underlying causes/precipitating factors of BPSD**

5 **ME 2.4 Develop and implement non-pharmacologic interventions in**

collaboration with the patient and family, and the interprofessional team

6 **ME 2.4 Integrate optimal prescription practices into management plan**

7 **ME 4.1 Determine the necessity and timing of referral to another health care professional**

8 **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**

9 **COM 1.4 Respond to patient's non-verbal communication and use appropriate non-verbal behaviours to enhance communication**

10 **COM 2.2** Manage the flow of challenging patient or caregiver encounters, including those with angry or distressed individuals

11 **COM 3.1 Share information and explanations that are clear and accurate, while checking for patient and family understanding**

12 **COL 1.3 Engage in respectful shared decision–making with primary and/or referring physicians and other health care professionals**

13 **S 3.4** Integrate best evidence and clinical expertise into decision-making

14 **HA 1.1** Facilitate timely patient access to health services and resources

15 **P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and best practices around physical and chemical restraints**

Geriatric Medicine: Core EPA #6

Preventing and managing delirium

Key Features:

- This EPA focuses on identifying patients at risk for delirium, implementing prevention strategies at individual patient and institutional levels, and managing delirium
- This EPA applies to simple and complicated delirium. Complicated delirium include factors that make the management of delirium more challenging and require a higher level of expertise. Examples include:
    - prolonged duration despite optimization of medical issues;
    - lack of clear etiology of delirium;
    - multiple competing etiologies of delirium;
    - conflict within health care team regarding optimal management;
    - need to collaborate with multiple other specialties involved in the case
- This EPA also includes identifying long-term outcomes, and advocacy and education for improved prevention, recognition, and management of delirium by other health care professionals
- The observation of this EPA is divided into two parts: preventing delirium; and managing delirium

Assessment plan:

Part A: Preventing delirium

Case discussion with geriatrician

Use Form 1. Form collects information on:

- Setting: inpatient consult; geriatric unit; outpatient clinic; ;geriatric oncology; Transcatheter Heart Valve Program (TAVI) clinic; residential care; emergency department; other *[open text box]*

Collect 2 observations of achievement

- At least 2 different settings
- At least 2 different assessors

Part B: Managing delirium

Case discussion with geriatrician

Use Form 1. Form collects information on:

- Case mix: hypoactive delirium; hyperactive (e.g. agitated) delirium; complicated delirium
- Setting: inpatient consult; geriatric unit; outpatient clinic; geriatric oncology; TAVI clinic; residential care; emergency department; other *[open text box]*
- Complicated delirium factors: [select all that apply] not applicable; prolonged duration despite optimization of medical issues; lack of clear etiology; multiple competing etiologies; conflict within health care team on optimal management; need to collaborate with multiple other specialties involved in the case; other *[open text box]*

Complete 3 observations of achievement

- At least 1 from each case mix
- At least 1 with one or more complicated delirium factors
- At least 2 different settings
- At least 2 different assessors

Relevant Milestones:

Part A: Prevention

1 **ME 1.3 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the identification, prevention and/or management of delirium**

2 **ME 2.2** Identify patients with atypical presentations and/or course of delirium

3 **ME 2.4 Develop and implement multi-component prevention strategies for delirium**

4 **ME 3.1** Determine the most appropriate procedures or therapies for the purpose of assessment and/or management of delirium

5 **ME 2.4 Integrate non-pharmacologic therapies into delirium prevention**

6 **ME 5.1 Optimize the safety of patients in delirium, ensuring the avoidance of chemical and physical restraints whenever possible and using them skillfully and appropriately when necessary**

7 **ME 4.1** Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

8 **COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**

9 **L 1.4 Engage others in the adoption and refinement of health information technology or systems for improved delirium prevention**

10 **HA 1.3 Work with the patient and family to identify opportunities for delirium prevention**

11 **HA 2.3** Contribute to a process to improve prevention, recognition, and management of delirium within a community or population

12 **S 4.1** Contribute to a scholarly investigation or the dissemination of research findings on the prevention and management of delirium

13 **P 3.1 Adhere to professional and ethical codes, standards of practice, and laws governing practice**

Part B: Management

1 **ME 1.3 Apply a broad base and depth of knowledge in clinical and biomedical sciences to the identification, prevention and/or management of delirium**

2 **ME 2.2** Identify patients with atypical presentations and/or course of delirium

3 **ME 2.4 Develop and implement management plans**

4 **ME 3.1** Determine the most appropriate procedures or therapies for the purpose of assessment and/or management of delirium

5 **ME 2.4 Integrate non-pharmacologic therapies into management plans for delirium**

6 **ME 5.1 Optimize the safety of patients in delirium, ensuring the avoidance of chemical and physical restraints whenever possible and using them skillfully and appropriately when necessary**

7 **ME 4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation**

8 **COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**

9 **L 1.4 Engage others in the adoption and refinement of health information technology or systems for improved management of delirium**

10 **P 3.1 Adhere to professional and ethical codes, standards of practice, and laws governing practice**

Geriatric Medicine: Core EPA #7

Assessing and managing older adults with uncomplicated mental health conditions

Key Features:

- This EPA focuses on common uncomplicated mental health conditions in the presence or absence of medical comorbidities
- This EPA includes assessing suicidal and homicidal risk, diagnosing common uncomplicated mental health conditions, recognizing potential medical conditions contributing to the disorder, and recognizing complex psychiatric conditions, knowing when to refer or participate in co-management with mental health care providers
- This EPA does not include assessing and managing complex mental health conditions, such as psychotic depression, active suicidal or homicidal ideations, or exacerbation of chronic psychiatric conditions such as schizophrenia, bipolar affective disorder or personality disorder
- The observation of this EPA is divided into two parts: patient interview; and management

Assessment plan:

Part A: Patient interview
Direct observation by supervisor

Use Form 1. Form collects information on:

- Mental health condition: depression; anxiety; sleep disorder; delusional disorder; other *[open text box]*
- Setting: geriatric psychiatry; outpatient clinic; geriatric unit; inpatient consult; day hospital; other *[open text box]*
- Supervisor role: geriatrician; geriatric psychiatrist; care of the elderly physician

Collect at least 1 observation of achievement

Part B: Management
Case discussion with supervisor

Use Form 1. Form collects information on:

- Mental health condition: depression; anxiety; sleep disorder; delusional disorder; other *[open text box]*
- Comorbidities: yes; no *[if yes, open text box to record]*
- Setting: geriatric psychiatry; outpatient clinic; geriatric unit; inpatient consult; day hospital; other *[open text box]*
- Supervisor role: geriatrician; geriatric psychiatrist; care of the elderly physician

Collect 3 observations of achievement

- At least 1 depression and 1 anxiety condition
- At least 1 observation by a geriatrician
- At least 2 different assessors

Relevant Milestones:

Part A: Patient interview

1 **ME 1.4 Perform clinical assessments that identify suicidal and homicidal risk**

2 **ME 2.2 Elicit a history, and interpret the results for the purpose of diagnosis and management of uncomplicated mental health conditions**

3 **ME 2.2** Synthesize patient information to recognize potential organic conditions contributing to the disorder

4 **ME 3.1** Describe indications, contraindications, risks, and alternatives of pharmacological and non-pharmacological therapy

5 **ME 4.1 Determine the need, timing and priority of referral to another physician and/or health care professional**

Part B: Management

1 **ME 1.3 Apply clinical and biomedical sciences to the assessment and management of common uncomplicated mental health conditions in older adults**

2 **ME 2.4 Provide evidence informed, patient-centred care of uncomplicated mental health conditions in the presence of medical co-morbidities**

3 **ME 4.1** Determine the need, timing and priority of referral to another physician and/or health care professional

4 **COM 3.1 Share information and explanations that are clear and accurate, while checking for patient and family understanding**

5 **COL 1.3** Use co-management and consultation as opportunities to improve quality of care and patient safety by sharing expertise

6 **COL 1.3 Engage in respectful shared decision-making with other physicians and/or health care professionals**

Geriatric Medicine: Core EPA #8

Managing end-of-life care in older adults

Key Features:

- This EPA focuses on providing end-of-life care for patients with a major neuro-cognitive disorder or non-cancer diagnosis
- This EPA includes establishing goals of care, projecting trajectory of illness and care needs, managing patient, family and care provider expectations, and communicating prognosis
- This EPA also includes medical management such as the use of non-pharmacological and pharmacological approaches to symptom control, optimal prescribing and deprescribing, awareness of the referral process for local community resources including palliative services and medical assistance in dying (MAID), and advance care planning (e.g. substitute-decision makers)
- This EPA may be observed in any clinical setting, including residential care and palliative care rotations
- The observation of this EPA is divided into two parts: medical management; and communication

Assessment plan:

Part A: Medical management
Direct observation by supervisor

Use Form 1. Form collects information on:

- Patient diagnosis: non-cancer diagnosis; major neuro-cognitive disorder; other *[open text box]*
- Supervisor: geriatrician; palliative care physician; care of the elderly physician; internist

Collect 2 observations of achievement

- At least 1 patient with a non-cancer diagnosis or major neuro-cognitive disorder

Part B: Communication
Direct observation by supervisor, incorporating feedback from other members of health care team

Use Form 1. Form collects information on:

- Supervisor: geriatrician; palliative care physician; care of the elderly physician; internist

Collect 2 observations of achievement

Relevant Milestones:

Part A: Medical management

1 **ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves

2 **ME 2.1** Identify patients whose condition has progressed to end stage

3 **ME 2.1 Identify patients for whom the patient-perceived burden of disease modifying therapy or investigations is greater than the clinical benefit**

4 **ME 2.2 Project the trajectory of illness and care needs**

5 **ME 2.2** Perform medication reviews

6 **ME 2.2** Demonstrate optimal prescribing and deprescribing practices

7 **ME 2.3** Recognize and respond to signs that it is time to transition care away from a disease modifying approach

8 **ME 2.3 Establish goals of care in collaboration with the patient and family**

9 **ME 2.3** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes

10 **ME 2.4 Establish a patient-centred management plan focused on implementing patient choices**

11 **ME 2.4** Develop and implement management plans that optimize symptom management and support achievement of the patient's goals of care

12 **ME 3.1 Determine the most appropriate pharmacological and non-pharmacological approaches to symptom control**

13 **ME 2.2** Select investigations and therapies appropriate to the patient's goals of care

14 **P 3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice**

15 **P 3.1** Demonstrate knowledge and appropriate use of provincial laws governing practice as it pertains to medical assistance in dying (MAID)

16 **P 3.1** Demonstrate knowledge and appropriate use of provincial laws governing practice as it pertains to planning for future end-of-life care such as substitute decision makers, advanced directives, and preferred setting for end-of life-care, as applicable

Part B: Communication

1 **COM 2.1 Gather information about the patient's beliefs, values, preferences, context, and expectations with regards to their care**

2 **COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner**

3 **COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions**

4 **P 3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice**

5 **P 3.1** Demonstrate knowledge and appropriate use of provincial laws governing practice as it pertains to medical assistance in dying (MAID)

6 **P 3.1** Demonstrate knowledge and appropriate use of provincial laws governing practice as it pertains to planning for future end-of-life care such as substitute decision makers, advanced directives, and preferred setting for end-of-life care, as applicable

Geriatric Medicine: Core EPA #9

Assessing and managing complex psycho-social issues unique to vulnerable older adults

Key Features:

- This EPA focuses on identifying, assessing, and managing complex psycho-social issues, including vulnerability, caregiver burden, conflictual family dynamics, elder abuse and neglect, safety issues and risks, legal and ethical issues in care planning, and high risk transitions of care
- This EPA includes optimizing safety consistent with patient preferences, taking legal action when required and appropriate, demonstrating cultural competence, referring patients to appropriate resources, and counseling patients and/or caregivers
- This EPA may be observed in any clinical setting, including family meetings, through direct observation of components of the CGA and discussions with other health professionals, family, and substitute decision makers
- The observation of this EPA is divided into two parts: case discussion; and submission of case narratives
- The submission of case narratives requires the resident to submit a portfolio with five narrative reflections (on different topics) for discussion with the faculty advisor/supervisor. A copy of the portfolio is then submitted to the Competence Committee

Assessment plan:

Part A: Case discussion
Case discussion with supervising geriatrician

Use Form 1

Collect 1 observation of achievement

Part B: Portfolio and supervisor discussion
Supervisor review of 5 narrative cases submitted by resident on different topics

Use Form 4

Collect 1 observation of achievement

Relevant Milestones:

Part A: Case discussion

1 **ME 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice**

2 **ME 2.2 Identify patients with complex psycho-social issues**

3 **ME 1.4** Recognize urgent situations that may need the involvement of more experienced colleagues, team members and community resources

4 **ME 2.2 Recognize patients at risk of elder abuse/neglect or safety issues, or legal and ethical issues in care planning, and report if appropriate**

5 **COM 5.1 Document clinical encounters to adequately convey identified risks of elder abuse/neglect, safety issues and/or legal and ethical issues**

6 **ME 2.4 Establish patient-centred management plans that demonstrate cultural competence, incorporating all of the patient's health problems and needs, values and preferences**

7 **COM 1.3** Reflect on how personal bias and cultural competence impacts care delivery

8 **COM 1.3** Recognize when strong emotions such as anger, fear, anxiety, or sadness are impacting on interactions and respond appropriately with suggestions for future encounters

9 **HA 1.1 Identify the risk factors, consequences and potential interventions for social isolation and elder abuse/neglect**

10 **HA 1.1 Reflect on the determinants of health that affect access to health care and resources for older adult patients**

11 **P 3.1 Apply provincial laws governing practice as it pertains to consent, capacity, and elder abuse and neglect**

Geriatric Medicine: Core EPA #10

Running family and team meetings

Key Features:

- This EPA focuses on organizing and leading a meeting, including giving effective and constructive feedback to the interprofessional team and/or individual team members
- This includes leading the discussion, attending to meeting flow and organization, encouraging participation of the team, and integrating information from the interprofessional team to complete the assessment and management of the patient, patient-centred goal-setting, and discharge planning
- This EPA also includes managing conflicts, managing and communicating diagnosis, management plan, discharge planning and discussing adverse events with patient and family
- Observation of this EPA must include use of a Team Meeting and Family Meeting STACER*. Simulation of conflict situations may also be utilized

Assessment plan:

Multiple observers may contribute provide feedback individually to the supervisor, which is then collated to one report

Use Form 1. Form collects information on:

- Type of meeting: family; team
- Observer: [select all that apply] geriatrician; care of the elderly physician; other supervising physician; other health professional
- Family Meeting STACER: yes; no
- Team Meeting STACER: yes; no
- Simulation: yes; no

Collect 4 observations of achievement

- At least 2 of each meeting type
- At least 1 observation by a supervising geriatrician
- At least 1 STACER for each meeting type

Relevant Milestones:

1 **ME 1.1** Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician

2 **ME 2.4** Establish management plans in patient encounters when there are significant disagreements about what is achievable

* STACER is not available on ePortfolio platform

3 **COM 1.3** Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care and modify the approach to the patient accordingly

4 **COM 1.4** Manage own non-verbal communication skills in difficult situations

5 **COM 1.5 Manage disagreements and emotionally charged conversations**

6 **COM 3.1** Communicate clearly with patients and others in the setting of ethical dilemmas

7 **COM 3.2** Disclose patient safety incidents to the patient and family accurately and appropriately

8 **COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe**

9 **COL 1.1 Establish and maintain healthy relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care**

10 **COL 1.2 Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care**

11 **COL 1.3 Communicate effectively with physicians and other health care professionals**

12 **COL 1.3 Engage in respectful shared decision-making with other physicians and/or health care professionals**

13 **COL 2.1** Delegate tasks and responsibilities in an appropriate and respectful manner

14 **COL 2.1** Show respect toward collaborators

15 **COL 2.2** Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture

16 **L 3.1 Demonstrate leadership skills to enhance health care**

17 **L 4.1 Set priorities and manage time**

18 **P 1.1** Intervene when behaviours toward colleagues and/or learners undermine a respectful environment

19 **P 1.1 Exhibit appropriate professional behaviours and relationships in all aspects of practice**

20 **P 1.1** Lead initiatives that promote respectful work environments

Geriatric Medicine: Core EPA #11

Teaching other learners

Key Features:

- This EPA focuses on teaching, giving constructive feedback to learners, and choosing appropriate learning methods
- This EPA includes formal and informal teaching sessions delivered to peers, broad audiences, other trainees, faculty, other health professionals, and/or the public
- This EPA does not include individual patient counselling
- This EPA has two parts: giving feedback to junior learners; and formal scheduled teaching

Assessment plan:

Part A: Feedback to junior learners
Direct observation by supervisor

Use Form 1. Form collects information on:

- Settings: clinical setting with junior learners *[open text to capture setting]*
- Supervisor role: geriatrician; care of the elderly physician; geriatric psychiatrist; physiatrist; other *[open text box]*

Collect 2 observations of achievement

Part B: Formal scheduled teaching
Direct observation by supervisor, incorporating feedback from learners

Use Form 1. Form collects information on:

- Presentation type: academic half-day session; grand rounds; journal club; formal undergraduate medical courses; small group formal session; large group formal session; other *[open text box]*
- Learner/audience: peers; faculty; other trainees; other health professionals; public; community organization; other *[open text box]*

Collect 2 observations of achievement

- At least 2 different settings/presentation types

Relevant Milestones:

Part A: Feedback to junior learners

1 **S 2.1 Be a positive role model**

2 **S 2.2 Create a positive learning environment**

3 **S 2.3** Be available and accessible to junior learners

4 **S 2.4 Identify the learning needs and desired learning outcomes of others**

5 **S 2.4 Present information in an organized manner to facilitate understanding**

6 **S 2.5 Identify behaviours to continue as well as those for improvement**

7 **S 2.5 Provide specific suggestions for improvement of performance**

8 **S 2.5 Provide examples of learner performance to support the overall assessment**

9 **S 2.5** Provide narrative comments that support the overall assessment

10 **P 1.1 Intervene when behaviours toward colleagues and/or learners undermine a respectful environment**

11 **P 1.1** Complete learner assessments in a timely fashion

Part B: Formal scheduled teaching

1 **S 2.1** Be a positive role model

2 **S 2.2 Create a positive learning environment**

3 **S 2.4 Identify the learning needs and desired learning outcomes of others**

4 **S 2.4 Develop learning objectives for a teaching activity adapting to the audience and setting**

5 **S 2.4 Present information in an organized manner to facilitate understanding**

6 **S 2.4 Use audiovisual aids effectively, as appropriate**

7 **S 2.4 Provide adequate time for questions and discussion**

8 **P 1.1** Intervene when behaviours toward colleagues and/or learners undermine a respectful environment

Geriatric Medicine: Transition to Practice EPA #1

Managing the Geriatrician's practice

Key Features:

- This EPA includes managing service delivery, contributing to team functioning, managing patient flow, demonstrating the ability to work simultaneously in more than one setting (covering more than one clinical service at a time, teaching, committees), completing medical and legal documents, time management, office management, billing, and remuneration
  This EPA may be observed across a combination of inpatient/consult service, and outpatient experiences

Assessment plan:
Direct or indirect observation by geriatrician based on a block of time (minimum 2 weeks)

Use Form 1

Collect 1 observation of achievement

Relevant Milestones:

1 **ME 1.5 Prioritize patients based on the urgency of clinical presentation**

2 **ME 1.5 Carry out professional duties in the face of multiple, competing demands**

3 **P 1.1 Respond appropriately to feedback from patients, families and health care professionals**

4 **COL 3.2** Demonstrate safe handover of care during patient transition out of the hospital setting

5 **L 2.1** Allocate health care resources for optimal patient care

6 **L 4.1 Set priorities and manage time to fulfil diverse responsibilities including clinical, administrative, supervisory and teaching responsibilities**

7 **S 3.4** Integrate best evidence and clinical expertise into decision-making

8 **L 4.2** Describe remuneration models as they pertain to Geriatric Medicine.

9 **P 1.1** Exhibit appropriate professional behaviors

10 **P 2.1** Demonstrate accountability to patients, society and profession by participating in ethical billing practices

11 **P 4.1** Manage the mental and physical challenges that impact physician wellness and/or performance in demanding or stressful clinical settings

P2

Geriatric Medicine: Transition to Practice EPA #2

Contributing to the improvement of health care delivery for older people in teams, organizations, and systems

Key Features:

- This EPA includes demonstrating leadership through any of the following:
  - participating in committees (divisional, organizational)
  - advocating for Geriatrics external to own institution or setting
  - understanding requirements needed for health care program design, implementation and evaluation
  - applying evidence and management processes to achieve cost appropriate care
  - participating in policy or advocacy development
  - demonstrating capacity building and knowledge translation
  - demonstrating skills in hospital and system navigation by understanding local, regional, national policies and environments
  - collaborating and working effectively in quality improvement and other systems-based initiatives to assure patient safety and improve outcomes for older adults
- This EPA may be observed in any clinical setting.
- The observation of this EPA is based on supervisor observation of participation in a leadership activity

Assessment plan:

Direct or indirect observation by geriatrician, program director, project supervisor, or faculty advisor, incorporating feedback from interprofessional team members or committee members

Use form 1. Form collects information on:

- Activity: case report; health promotion project; QI project; committee participation; policy review; advocacy activity; morbidity and mortality rounds; community teaching; other *[open text box]*

Collect 2 observations of achievement

Relevant Milestones:

1 **L 1.1** Gather information for the purposes of quality assurance or improvement

2 **L 1.1** Integrate existing standards for health care delivery with findings of data collection

3 **L 1.1 Identify potential improvement opportunities**

4 **L 1.1 Identify the impact of human and system factors on health care delivery**

5 **L 3.1 Contribute to a health care change initiative**

6 **L 3.1** Demonstrate leadership skills to enhance health care

7 **HA 2.2 Improve clinical practice by applying a process of continuous quality improvement**

8 **HA 2.3** Contribute to a process to improve health in the community or older adult population

9 **S 3.4 Integrate best evidence and clinical expertise into decision-making**

10 **S 4.4** Perform data analysis

11 **P 2.2 Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice environment**

Geriatric Medicine: Transition to Practice EPA #3 (Elective)

Planning and completing personalized training experiences aligned with career plans and/or specific learning needs

Key Features:

- The achievement of this EPA is elective
- This EPA allows the resident to individualize training to meet the needs of their intended community and/or personal career goals
- This EPA may be applied to more than one distinct training experience (e.g. including but not limited to medical, surgical, imaging, public health training experiences)
- This EPA may be used for any structured training experience: clinical or academic
- The assessment of this EPA is based on the achievement of outcomes identified by the resident and approved by the program director/program committee. These outcomes must be SMART (specific, measurable, achievable, relevant, timely)

Assessment plan:

Competence Committee, program director, and supervisor review of resident's plan and outcome

Use Form 4

Relevant Milestones:

1 **S 1.1** Create and implement a learning plan

2 **S 1.1** Develop and document a structured approach to monitor progress of learning, including identifying timelines and accountabilities

3 **S 1.1** Develop clear outcomes to assess progress of learning

4 **S 1.2** Identify a specific area for improvement related to the needs of their intended community and/or career goals

5 **L 4.2** Adjust educational experiences to gain competencies necessary for future practice

6 **HA 2.3** Identify and respond to unmet health care needs within one's practice

Geriatric Medicine: Special Assessment (SA) #1

Developing and implementing a continuing personal development plan geared to setting of future practice

Key Features:

- This includes a variety of components encompassing professional, personal, and social development including professionalism, reflective practice, navigating career choices, continuing professional development, cognitive flexibility, learning portfolio, and physician health and wellness
- Achievement is based on providing the rationale for a development plan, self-reflection, personal needs assessment, time management, identification of methods to achieve the personal learning plan (such as literature review, clinical training, conference attendance and/or rounds attendance), and identification of the methods to achieve personal wellness
- Examples may include a plan to act on the performance gaps identified in another EPA (reflection on personal development needs); a plan to prepare for post-residency training; a plan to prepare for practice in a specific setting (e.g. community) and/or a setting requiring distinct skills; and/or a plan for personal wellness

Assessment plan:

Review of resident's submission of a personal learning plan by faculty advisor, program director or Competence Committee

Use Form 4

Collect 1 observation of achievement

Geriatric Medicine: Special Assessment (SA) #2

Advancing Geriatric Medicine through scholarly work

Key features:

- This includes producing an original innovation or discovery that advances Geriatric Medicine by building on existing literature or theory, and that achieves a standard acceptable to internal (i.e. within the residency program) peer review. The project may address a clinical, health systems or education topic on approval by the competence committee

Assessment plan:

Submission of a report to the Competence Committee on a clinical research, quality improvement/patient safety, or education project relevant to Geriatric Medicine. The report must be suitable for submission to a peer-reviewed publication or oral presentation at an academic meeting

Use Form 4

Collect one observation of achievement