Medicine
UNIVERSITY OF TORONTO | Geriatric Medicine

EPA COD 1c

COD 1c – Managing older adults with functional decline using comprehensive geriatric assessment (CGA). Part C: Communication with referring source

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 2 consultation letters
- At least 2 assessors

Case presentation
cognitive impairment; mood disorders; functional impairment/decline; railty/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

- COL 1.3 Engage in respectful shared decision–making with primary and/or referring physicians and other health care professionals
- COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner that enhances interprofessional care, and is in
- COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology