COD 4a–Assessing and managing patients with complex and/or uncommon neuro-cognitive presentations. Part A: Assessment and Management

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

Target
- Collect 5 observations of achievement
- At least 3 different presentation from case mix
- At least 2 different assessors

Case presentation
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

Assessor
- Supervisor

Milestones in Elentra

- ME 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
- ME 2.2 Perform a clinical assessment focusing on differentiating causes of complex and/or uncommon neuro-cognitive disorders
- ME 2.2 Select and interpret neuroimaging and neuropsychology investigations, as appropriate
- ME 2.4 Establish a patient-centred management plan for complex and/or uncommon neuro-cognitive disorders including both non-pharmacologic and pharmacologic modalities
- ME 4.1 Establish and implement patient-centred care plans that involve available community resources
- COL 1.3 Use referral and consultation as opportunities to improve quality of care
  and patient safety by sharing expertise
- L 2.1 Demonstrate stewardship of health care resources