

Geriatric Medicine



FOD 3a - Assessing, diagnosing and managing <u>common neuro-cognitive</u> disorders with typical presentations

Part A: Cognitive assessment

Key Features

- This EPA focuses on the initial assessment and diagnosis of patients with common neurocognitive 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

Target

- 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

Case presentation

 mild cognitive impairment (MCI); Alzheimer's; vascular/mixed dementia; Lewy body dementia

Setting

clinical; simulation

Assessor

geriatrician; geriatric psychiatrist; behavioural neurologist; care of the elderly physician

Milestones in Elentra

- ME 1.4 Perform a focused clinical and cognitive assessment appropriate to the patient presentation
- ME 2.2 Select additional investigations as appropriate
- ME 2.2 Synthesize patient information, incorporating caregiver and interprofessional team input, to determine a diagnosis