



COD 1A – Managing older adults with functional decline using comprehensive geriatric assessment (CGA). Part A: Management Plan

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 a 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 rehabilitation 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 settings**

Milestones in Elentra

- **ME 1.3 Apply clinical and biomedical sciences to manage common syndromes and/or issues in older adults**
- **ME 1.4** Perform comprehensive geriatric assessments that address all relevant issues.
- **ME 2.2 Perform medication reviews.**
- **ME 2.1** Prioritize which issues need to be addressed during future visits.
- **ME 2.2 Select and/or interpret appropriate investigations**
- **ME 2.2 Synthesize patient information, incorporating caregiver and interprofessional team input, to determine diagnosis**
- **ME 2.2** Assess patients for rehabilitative potential
- **ME 2.2 Assess and project functional status trajectory for older adults with common syndromes and/or issues**
- **ME 2.4 Establish a patient-centred management plan informed by comprehensive geriatric assessment**
- **ME 2.4** Integrate optimal prescription practices into management plan
- **ME 4.1** Determine the necessity and timing of referral to another healthcare professional
- **S 3.4** Integrate best evidence and clinical expertise into decision-making
- **HA 1.2** Incorporate disease prevention and health promotion into interactions with individual patients, as applicable