



COD 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.

Collect 5 observations of achievement.

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

Setting

- outpatient clinic; specialized (memory disorders) clinic; geriatric unit; inpatient consult; geriatric psychiatry; behavioral neurology; long-term care; day hospital; other

Assessor

- geriatrician; neurologist; psychiatrist; care of the elderly physician

Milestones in Elentra

- **ME 2.1** Iteratively establish priorities, considering the perspective of the patient and family as the patient’s situation evolves.
- **ME 2.2** Perform medication reviews.
- **ME 2.2 Identify potential medication-related contributors to BPSD.**
- **ME 2.2 Synthesize patient information to determine underlying causes/precipitating factors of BPSD.**
- **ME 2.4 Develop and implement non-pharmacologic interventions in collaboration with the patient and family, and the interprofessional team.**
- **ME 2.4 Integrate optimal prescription practices into management plan.**
- **ME 4.1 Determine the necessity and timing of referral to another health care professional.**
- **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.**
- **COM 1.4 Respond to patient’s non-verbal communication and use appropriate non-verbal behaviours to enhance communication.**
- **COM 2.2** Manage the flow of challenging patient or caregiver encounters, including those with angry or distressed individuals.

- **COM 3.1 Share information and explanations that are clear and accurate, while checking for patient and family understanding.**
- **COL 1.3 Engage in respectful shared decision-making with primary and/or referring physicians and other health care professionals.**
- **S 3.4** Integrate best evidence and clinical expertise into decision-making
- **HA 1.1** Facilitate timely patient access to health services and resources
- **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.**