



COD 8A - Managing end-of-life care in older adults

Part A: Medical Management

Key Features

- This EPA focuses on providing end-of-life care for patients with a major neurocognitive disorder or non-cancer diagnosis.
- This EPA includes establishing goals of care, projecting trajectory of illness and care needs, managing patient, family, and care provider expectations, and communicating prognosis
- This EPA also includes medical management such as the use of nonpharmacological and pharmacological approaches to symptom control, optimal prescribing and deprescribing, awareness of the referral process for local community resources including palliative services and medical assistance in dying (MAID), and advance care planning (e.g. substitute-decision makers)
- This EPA may be observed in any clinical setting, including residential care and palliative care rotations.
- The observation of this EPA is divided into two parts: medical management; and communication

Assessment Plan

Part A: Medical management
Direct observation by supervisor

Use Form 1. Form collects information on:

- Patient diagnosis: non-cancer diagnosis; major neurocognitive disorder; other

Collect 2 observations of achievement.

- At least 1 patient with a non-cancer diagnosis or major neurocognitive disorder

Assessor

- geriatrician; palliative care physician; care of the elderly physician; internist

Milestones in Elentra

- ME 1.6 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves.
- ME 2.1 Identify patients whose condition has progressed to end stage
- **ME 2.1 Identify patients for whom the patient-perceived burden of disease-modifying therapy or investigations is greater than the clinical benefit.**
- **ME 2.2 Project the trajectory of illness and care needs**
- ME 2.2 Perform medication reviews
- ME 2.2 Demonstrate optimal prescribing and deprescribing practices
- ME 2.3 Recognize and respond to signs that it is time to transition care away from a disease modifying approach
- **ME 2.3 Establish goals of care in collaboration with the patient and family**
- ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- **ME 2.4 Establish a patient-centred management plan focused on implementing patient choices**
- ME 2.4 Develop and implement management plans that optimize symptom management and support achievement of the patient's goals of care

- **ME 3.1 Determine the most appropriate pharmacological and nonpharmacological approaches to symptom control**
- ME 2.2 Select investigations and therapies appropriate to the patient's goals of care
- **P 3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice**
- P 3.1 Demonstrate knowledge and appropriate use of provincial laws governing practice as it pertains to medical assistance in dying (MAID)
- P 3.1 Demonstrate knowledge and appropriate use of provincial laws governing practice as it pertains to planning for future end-of-life care such as substitute decision makers, advanced directives, and preferred setting for end-of life-care, as applicable.