

# Geriatric Medicine



**FOD 4A:** Assessing, diagnosing and managing patients with common neurocognitive 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 a 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, demonstrating awareness of medico-legal aspects, and future planning.
- The observation of this EPA is divided into three parts: assessment; communication with patient and/or caregiver; and management.
- The cognitive assessment and management aspects of this EPA may be observed in simulation.

#### Assessment plan

Part A: Diagnosis

Direct or indirect observation by supervisor

#### **Target**

- Collect 6 observations of achievement
  - At least 3 different presentations
  - No more than 2 observed in simulation
  - At least 3 by a geriatrician

### **Case presentation**

 Presentation: mild cognitive impairment (MCI); Alzheimer's; vascular dementia; mixed cause dementia; Lewy body dementia

### Setting

clinical; simulation

# Assessor

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

#### CanMEDS Milestones:

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