

# FOD 5C - Diagnosing and initiating management of patients in delirium

# Part C: Initiate management

# **Key Features**

- This EPA focuses on the diagnosis and initial management of delirium through the use of validated delirium screening tools, and the communication of diagnosis.
- This EPA does not include prevention or pharmacologic management.
- The observation of this EPA is divided into three parts: diagnosis; communication; and initiating management.

## Assessment Plan

# **Case presentation**

• hyperactive (i.e., agitated); hypoactive; mixed

#### Setting

• geriatric unit; inpatient consult; pre- and/or post-operative setting; emergency room; day hospital; residential care; other

## Assessor

• geriatrician; geriatrician pharmacist; care of elderly physician

# Direct or indirect observation by supervisor

# **Collect 3 observations of achievement**

- At least 2 different presentations
- At least 2 settings
- At least 2 by a geriatrician

# CanMEDS Milestones:

- ME 1.3 Apply clinical and biomedical sciences to the diagnosis and/or management of delirium
- ME 2.2 Select and interpret appropriate investigations as they apply in the context of delirium
- ME 2.4 Develop and implement initial management plans for patients in delirium
- ME 2.4 Integrate knowledge of available community resources into the development of patient-centred care plans
- COM 1.6 Adapt to the unique needs of patients in delirium and to their clinical condition and circumstances
- **COM 3.1** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- **COM 5.1** Document information about patients and their medical conditions in a manner that enhances interprofessional care
- L 2.1 Apply knowledge of the resources available in the care setting when developing and implementing management plans
- HA 1.2 Work with patients and their families to increase opportunities to adopt healthy behaviours