



**FOD 4c - Assessing, diagnosing and managing patients with common neurocognitive disorders with typical presentations**  
**part C: management**

**Key Features**

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**

**Collect 5 observations of achievement**

- At least 3 different presentations
- At least 4 in clinical setting
- At least 2 observations by a geriatrician

**Case presentation**

Presentation: mild cognitive impairment; Alzheimer’s; vascular dementia; mixed cause dementia; Lewy body dementia

**Setting**

- inpatient; outpatient; simulation

**Assessor**

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

**CanMEDS Milestones:**

- **ME 1.3 Apply knowledge of clinical pharmacology as it pertains to drug prescribing in common neurocognitive disorders with typical presentations**
- **ME 1.3** Apply knowledge of clinical sciences as it pertains to non-pharmacologic treatment options
- **ME 1.6** Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
- **ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient’s condition evolves
- **ME 2.4 Develop and implement initial management plans for common neurocognitive disorders**
- **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**

- **L 2.1 Apply knowledge of the resources available in the care setting when developing and implementing management plans**
- **L 2.1 Apply knowledge of resources or agencies that address the health needs of older patients presenting with neurocognitive disorders**
- **ME 2.4 Integrate knowledge of available community resources into the development of patient-centred care plans**