



COD Part B: Communication with patient and family

<p>Key Features</p> <ul style="list-style-type: none"> • This EPA builds on the competencies of the Foundations stage to focus on generating a feasible management plan using CGA, including communicating prognosis, care planning, and managing transitions of care • This EPA includes creating a prioritized problem list with a patient- and/or family-centred management plan that projects functional status trajectory of, and assesses for, rehabilitative potential • The observation of this EPA includes the completion of a CGA STACER* and is divided into three parts: management plan; communication with patient and family; communication with referring source
<p>Assessor Direct observation by a geriatrician, including discussion with the patient and their family</p> <p>Target Collect 2 observations of achievement</p> <ul style="list-style-type: none"> • At least 2 different assessors • At least 1 with CGA STACER
<p>Case presentation</p> <ul style="list-style-type: none"> ✓ cognitive impairment; mood disorders; functional impairment/decline; raitly/multicomplexity; mobility/falls/gait disorders; bone health; orthostatic hypotension; dizziness; sarcopenia and deconditioning; incontinence; weight loss and optimal nutrition; optimal prescribing; pressure ulcers/injuries; driving safety awareness. ✓ Assessment of rehabilitative potential: yes; no ✓ Setting: inpatient consult; geriatric unit; outpatient clinic; day hospital; outreach
<p>Milestones in Elentra</p> <ul style="list-style-type: none"> • COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion. • COM 3.1 Share information and explanations that are clear and accurate while checking for patient and family understanding. • COM 4.3 Answer questions from the patient and family about next steps.