



COD 4A-Assessing and managing patients with complex and/or uncommon neurocognitive presentations
Part A: Assessment and management

Key Features

- This EPA focuses on assessing and managing less common neurocognitive disorders, such as non-Alzheimer dementias and non-vascular dementias.
- This EPA includes performing a comprehensive neurological exam to support atypical features, as well as managing other factors that can complicate the presentation.
- This EPA does not include the diagnosis of common and typical neurocognitive disorders, the use of basic cognitive screening tests, or counselling about basic safety issues (e.g., driving, home safety, etc.)
- The observation of this EPA is divided into two parts: assessment and management of complex and/or uncommon neurocognitive disorders; and counselling and communication of diagnosis and prognostic issues specific to these less common disorders.
- This EPA may be observed in the simulation setting.

Assessment Plan:
Part A: Assessment
Direct observation or case review by supervisor.

Use Form 1. Form collects information on:
Case mix: frontotemporal dementia (FTD); primary progressive aphasia (PPA); atypical Alzheimer’s dementia (AD); rapidly progressive dementia; Jakob-Creutzfeld dementia (JCD); Parkinson’s disease (PD) spectrum; infectious causes, including HIV; normal pressure hydrocephalus (NPH); other

Collect 5 observations of achievement.

- At least 3 different presentations from case mix.
- At least 2 different assessors

Setting

- outpatient clinic; memory disorders clinic; geriatric unit; inpatient consult; day hospital; simulation; other

Assessor

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

Milestones in Elentra

- **ME 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice.**
- **ME 2.2 Perform a clinical assessment focusing on differentiating causes of complex and/or uncommon neurocognitive disorders.**
- **ME 2.2 Select and interpret neuroimaging and neuropsychology investigations, as appropriate.**
- **ME 2.4 Establish a patient-centred management plan for complex and/or uncommon neurocognitive disorders including both non-pharmacologic and pharmacologic modalities.**
- **ME 4.1 Establish and implement patient-centred care plans that involve available community resources.**
- **COL 1.3 Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise.**
- **L 2.1 Demonstrate stewardship of health care resources.**