



Geriatric Medicine

FOD 2 - Diagnosing and managing frail older patients with multiple common medical conditions

Key Features

- This EPA focuses on demonstrating a comprehensive history and physical examination, and collaborating with other specialties or other treating physicians in the management of common medical conditions
- This EPA also includes identifying normal aging vs disease states, interpreting labs and imaging results in context of age, and identifying the effects of multicomplexity and frailty
- This EPA includes patients with typical and atypical presentations of acute and chronic conditions

Assessment Plan

Observation: Direct or indirect observation by supervisor Collect 5 observations of achievement

- At least 4 different case mixes
- At least 2 direct observations
- At least 2 settings
- At least 3 by a geriatrician

Case presentation

 hypertension; coronary artery disease; CHF; arrhythmia; stroke; diabetes; chronic kidney disease; anemia; Parkinson's Disease; movement disorders; COPD; pain; osteoporosis; gout; osteoarthritis; polymyalgia rheumatica; spinal stenosis; infections; thromboembolic disease; common rheumatological conditions; other

Setting

 inpatient consult; geriatric unit; outpatient clinic; day hospital; collaborative geriatric specialty services

Assessor

geriatrician; transition to practice geriatric medicine trainee

CanMEDS Milestones:

- ME 1.6 Provide evidence-informed, patient-centred care of a medical condition in the context of frailty and multicomplexity and its impact on the patient
- ME 2.2 Perform a comprehensive physical examination tailored to the patient's presentation
- ME 1.4 Perform clinical assessments that identify and differentiate between normal aging and disease states
- ME 2.2 Select and interpret appropriate investigations as they apply in the context of age
- ME 1.3 Apply clinical and biomedical sciences to manage patients with typical and atypical presentations of acute and chronic geriatric syndromes
- ME 2.4 Evaluate the applicability of clinical guidelines in the context of comorbidities, aging, and patient goals
- ME 2.4 Develop and implement management plans in collaboration with the patient and family and the interprofessional team
- 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 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
- COL 1.2 Consult as needed with other health care professionals, including other physicians
- COL 1.3 Communicate effectively with physicians and other health care professionals
- COL 1.3 Provide timely and necessary written information to colleagues to enable effective relationship-centred care
- HA 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection