Psychiatry: Core EPA # 3

Performing psychiatric assessments, and providing differential diagnoses and management plans for older adults

Key Features:
- This EPA focuses on performing psychiatric assessments that adjust for potential cognitive and sensory decline, using the biopsychosocial model to guide the interview.
- This includes synthesizing the information to develop a differential diagnosis and management plan that integrates neurostimulation, psychopharmacology, psychotherapy, and social interventions, as appropriate, in older adult patients.
- This EPA includes new or persistent mood, anxiety, and psychotic disorders in older adults with or without co-morbid neurocognitive disorders.
- This EPA may include younger patients with early onset neurodegenerative or neurocognitive disorders such as Alzheimer’s, and Behavioural and Psychological Symptoms of Dementia (BPSD).

Assessment plan:

Direct observation, case discussion and/or review of consult letter or other documentation by geriatric psychiatrist, psychiatrist, TTP psychiatry resident, Core or TTP geriatric psychiatry subspecialty resident, or psychiatry/geriatric psychiatry fellow

Use Form 1. Form collects information on:
- Case type (select all that apply): anxiety disorder; bereavement; major depressive disorder; bipolar disorder; neurocognitive disorder; BPSD; personality disorder; psychotic disorder; substance use disorder
- Co-morbidities (select all that apply): delirium; CVA/Vascular disease; frailty; acquired or traumatic brain injury; Parkinson’s disease; other movement disorder; other; n/a
- Setting: emergency; inpatient unit; consultation liaison; outpatient; community; assisted living; palliative
- Complexity: low; medium; high
- Additional concerns: rationalization of polypharmacy; elder abuse; other; n/a
- Observation (select all that apply): direct; case discussion; review of clinical documents

Collect 6 observations of achievement
- At least 3 neurocognitive disorders, including at least 1 patient with BPSD
- At least 1 major depressive disorder and/or bereavement
- At least 1 anxiety disorder
- At least 1 case with rationalization of polypharmacy
- At least 2 different observers
- At least 4 direct observations, including review of documentation
- At least 2 by a geriatric psychiatrist or psychiatrist with special interest in older adult patients

Relevant Milestones:

1. **ME 1.3** Apply knowledge of normal and abnormal physical, cognitive, emotional, and behavioural development
2. **ME 2.2** Perform a psychiatric assessment, including a focused physical exam
3. **ME 2.2** Focus the clinical encounter, performing it in a time-effective manner without excluding key elements
4. **ME 2.2** Select appropriate investigations and interpret their results
5. **ME 2.2** Synthesize biological, psychological, and social information to determine a diagnosis
6. **ME 2.4** Develop and implement management plans that consider all of the patient’s health problems and context
7. **ME 3.2** Use shared decision-making in the consent process
8. **COM 1.6** Tailor approaches to decision-making to patient capacity, values, and preferences
9. **COM 5.1** Document clinical encounters in an accurate, complete, timely, and accessible manner and in compliance with legal and privacy requirements
10. **HA 1.1** Work with patients to modify determinants of health
11. **HA 1.1** Facilitate access to health services and resources
12. **P 3.1** Apply relevant legislation, including capacity and neglected adults