



FOD 5B - Diagnosing and initiating management of patients in delirium
Part B: Communication with family/care provider

<p>Key Features</p> <ul style="list-style-type: none"> • This EPA focuses on the diagnosis and initial management of delirium through the use of validated delirium screening tools, and the communication of diagnosis. • This EPA does not include prevention or pharmacologic management. • The observation of this EPA is divided into three parts: diagnosis; communication; and initiating management.
<p>Assessment Plan</p>
<p>Case presentation</p> <ul style="list-style-type: none"> • hyperactive (i.e., agitated); hypoactive; mixed
<p>Setting</p> <ul style="list-style-type: none"> • geriatric unit; inpatient consult; pre- and/or post-operative setting; emergency room; day hospital; residential care; other
<p>Assessor</p> <ul style="list-style-type: none"> • geriatrician; geriatrician pharmacist; care of elderly physician
<p>Direct or indirect observation by supervisor Collect 2 observations of achievement</p> <ul style="list-style-type: none"> - At least 2 different presentations - At least 2 settings - At least 2 different assessors
<p><u>CanMEDS Milestones:</u></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 Convey sensitive information regarding cognition and delirium clearly and compassionately • COM 1.4 Respond to patient’s non-verbal communication and use appropriate non-verbal behaviours to enhance communication • COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner • COM 5.1 Document information about patients and their medical conditions in a manner that enhances interprofessional care • P 3.1 Adhere to professional and ethical codes, standards of practice, and laws governing practice