



## COD 7A-Assessing and managing older adults with uncomplicated mental health conditions. Part A: Patient interview

### Key Features

- This EPA focuses on common uncomplicated mental health conditions in the presence or absence of medical comorbidities.
- This EPA includes assessing suicidal and homicidal risk, diagnosing common uncomplicated mental health conditions, recognizing potential medical conditions contributing to the disorder, and recognizing complex psychiatric conditions, knowing when to refer or participate in co-management with mental health care providers.
- This EPA does not include assessing and managing complex mental health conditions, such as psychotic depression, active suicidal or homicidal ideations, or exacerbation of chronic psychiatric conditions such as schizophrenia, bipolar affective disorder or personality disorder.
- The observation of this EPA is divided into two parts: patient interview; and management

### Assessment Plan

Part A: Patient interview

Direct observation by supervisor

### Case presentation

- Mental health condition: depression; anxiety; sleep disorder; delusional disorder; other
- Setting: geriatric psychiatry; outpatient clinic; geriatric unit; inpatient consult; day hospital; other
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Collect at least 1 observation of achievement

### Setting

- geriatric psychiatry; outpatient clinic; geriatric unit; inpatient consult; day hospital; other

### Assessor

- geriatrician; geriatric psychiatrist; care of the elderly physician

### Milestones in Elentra

- **ME 1.4 Perform clinical assessments that identify suicidal and homicidal risk.**
- **ME 2.2 Elicit a history, and interpret the results for the purpose of diagnosis and management of uncomplicated mental health conditions.**
- **ME 2.2** Synthesize patient information to recognize potential organic conditions contributing to the disorder.
- **ME 3.1** Describe indications, contraindications, risks, and alternatives of pharmacological and non-pharmacological therapy.
- **ME 4.1 Determine the need, timing, and priority of referral to another physician and/or health care professional.**