Medicine
UNIVERSITY OF TORONTO | Geriatric Medicine

EPA COD 8B

COD 8B - Managing end-of-life care in older adults
Part B: Communication

Key Features

- This EPA focuses on providing end-of-life care for patients with a major neurocognitive disorder or non-cancer diagnosis
- This EPA includes establishing goals of care, projecting trajectory of illness and care needs, managing patient, family and care provider expectations, and communicating prognosis
- This EPA also includes medical management such as the use of nonpharmacological and pharmacological approaches to symptom control, optimal prescribing and deprescribing, awareness of the referral process for local community resources including palliative services and medical assistance in dying (MAID), and advance care planning (e.g. substitute-decision makers)
- This EPA may be observed in any clinical setting, including residential care and palliative care rotations
- The observation of this EPA is divided into two parts: medical management; and communication

Part B: Communication

Direct observation by supervisor, incorporating feedback from other members of health care team.

Use Form 1. Form collects information on:

Supervisor: geriatrician; palliative care physician; care of the elderly physician; internist

Collect 2 observations of achievement

Milestones in Elentra

- **COM 2.1 Gather information about the patient's beliefs, values, preferences, context, and expectations with regards to their care.**
- **COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner.**
- **COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions.**
- **P 3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice**
- P 3.1 Demonstrate knowledge and appropriate use of provincial laws governing practice as it pertains to medical assistance in dying (MAID)
- P 3.1 Demonstrate knowledge and appropriate use of provincial laws governing practice as it pertains to planning for future end-of-life care such as substitute decision makers, advanced directives, and preferred setting for end-of-life care, as applicable