4. Poroporoaki/Next steps and closing

Conclude the consultation with clear next steps for the patient and whānau/support.

Reflect on:

- Did you understand what the patient said? How do you know?
- Did the patient understand what you have said? How do you know?

Some people find the teach-back technique useful but be careful not to make it sound like a quiz

Teach-back e.g. "What will you tell your [partner/mother/etc.] about the changes we made to your medicines today?

- ○ Follow up appointment
- ○ Referral to tests
- ○ Give the patient a written record of their medications and how to take them.

"So if I just give you this – it shows you what you're on and what I've got you on it for."

Research Study: Medication Reviews for Older Adults

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Reviewing medications with older adults

Communication tips

Reviewing medications with older adults

Principles

Aim for **shared decision-making**. Be aware that there is a tendency to use shared decision-making less with older adults. Ensure that patients can make informed decisions and take appropriate actions to protect and promote their health.

Do your part for health **literacy**. Communicate effectively so that the above goals can be met. Work with an appropriate interpreter if needed.

1. Mihimihi/Greeting and engagement

After you've introduced yourself to the patient and their whānau / support person and confirmed their details, check what the purpose of the consultation is from the patient's point of view.

2. Whakawhānaungatanga/Making connection

Remember to take some time to connect with the patient and whānau / support person on a personal level.

3. Kaupapa/Purpose of appointment

Aim for clear, plain language (without being patronising or oversimplifying) – avoid jargon.

Reassure the patient (if necessary) that the review is nothing to worry about.

Elicit patient perspectives and preferences. This helps you to avoid making assumptions.

- What are the patients' preferences (including how much information they want)?
- What are the patients' goals?
- What is important to the patient (this may be different from what you consider important)?
- What are their fears and worries?

Use simple open wording like:

"Tell me about ..."

"How do you feel about making changes to your medications?"

Proposing medication changes (for some this may mean more, for others less medication).

"Could you tolerate increasing the dose to one now?

Be aware that some patients may view stopping medication as a sign they have been given up on because of their age.

"Would you be able to stop [your tablet] or would you just not manage with your knees?"

Provide information about options, risks (including side effects) and benefits. Be mindful of the information load for patients. Some will want more, some less, while others may want information to take away.

Check understanding if you need to use technical terms or medication names. Offer explanation.

"Did anyone explain what the word [technical term] means?

Losec, you know – the tablet that protects your stomach from the Voltaren."

Remember the power of visuals when explaining.

Non-verbal communication may be misleading – some patients may nod or indicate agreement without really understanding or asking questions.

Explicitly invite patient questions.
Some patients may worry that asking questions is a challenge and a threat to the relationship.

"What questions do you have for me?"

Example questions your patient might want to ask:

- Do I still need to take all these medicines?
- What are the benefits and risks?
- What happens if I forget a dose?
- Why have my medicines been changed?
- Do I need any tests?
- Why am I taking this medicine?
- How long do I need to take this medicine for?
- Is this a side effect of this medicine?
- What happens if I stop this medicine?
- How do I know this medicine is working?

Exploring patient resistance to recommendations. Use patient resistance as an opportunity to explore and acknowledge patient perspectives, as in this real-life example:

	PT: ... "because I don't really want to do that."
Acknowledge PT stance	GP: "You don't really want to do that."
	PT: "No, because I'd rather try and bring it down, I don't know, but I don't want to really go on that, on tablets."
Elicit PT perspective	GP: "Mm, okay. What is your concern around the tablets? What don't you like about the idea?"
	PT: "I don't want to take any other tablets that I have to take for life."
Acknowledge PT perspective and explain reason	GP: "I know it's annoying to think that you will have to take this tablet for life, but normally with high blood pressure it's something that develops and it doesn't go away again because of the ageing of the arteries."