



# *Workshop Series: “Talking About Medications”*

## Facilitator’s Toolkit

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### Disclaimer

The educational materials and recommendations in this Toolkit serve to improve conversations about the safety and quality of medication use for older adults in the community. By downloading and/or viewing this Facilitator's Toolkit you hereby agree and consent that this is not medical advice and does not substitute professional judgment.

### About the development team

Based at the Bruyère Research Institute in Ottawa, Canada, the Bruyère Deprescribing Research Team is a group of researchers and health care providers working to promote the practice of deprescribing through the creation of evidence-based resources and knowledge mobilization strategies as well as community and stakeholder partnerships. More information about the research team and their work can be found on their website ([www.deprescribing.org](http://www.deprescribing.org)), Twitter ([@deprescribing](https://twitter.com/deprescribing)), Facebook ([@deprescribing.org](https://facebook.com/deprescribing)), and YouTube ([deprescribing.org](https://youtube.com/deprescribing)).

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## Introduction

“Talking About Medications” is a series of public-facing, interactive workshops that aims to help older adults gain knowledge about medications and to encourage them to take an active role in making decisions about medications. The workshops have been designed for people looking after their own medications and also for people advocating on behalf of someone who is living in long-term care. The educational tools and supports that have been designed for these workshops will allow participants to confidently manage medications and to have a voice in health care decisions that impact quality of life.

This Facilitator’s Toolkit serves as a companion document to the *Talking About Medications* Implementation Guide (available from [www.deprescribing.org/talking-about-medications-workshop-materials](http://www.deprescribing.org/talking-about-medications-workshop-materials)), which gives healthcare providers the guidance and materials they will need to provide these workshops for their own patients.

### About This Toolkit

The Facilitator’s Toolkit contains all the resources (slides, speaker notes, worksheets and workshop activity answer keys) that healthcare providers will need to facilitate the *Talking About Medications* workshop series for older adults in their communities. The resources contained herein are organized by workshop for ease of reference. For guidance on how to use these resources, please refer to the *Talking About Medications* Implementation Guide (available from [www.deprescribing.org/talking-about-medications-workshop-materials](http://www.deprescribing.org/talking-about-medications-workshop-materials)). The Facilitator’s Toolkit has been made available as an editable document so that materials can be modified to suit individual communities’ needs.

## 1.0 Workshop #1 Materials

### 1.1 Facilitator's Notes & Slides



**Purpose of slide:** Introduce facilitator and workshop series

**Time:** 1 minute

**Speaker notes:**

- Explain workshop series is 3 workshops that aim to help people have conversations about medications with healthcare providers. The first workshop is called "Talking About Medications."
- Facilitator to provide name & brief background

## Overview of the series

Three 90-minute workshops with 'homework'

- Overall goals:
  - Share information and experiences with 'polypharmacy', 'medication management' and 'deprescribing'
  - Share ideas on how to find and use the right medication information
  - Help you have useful conversations with health care providers about medications

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**Purpose of slide:** Housekeeping, plan for the day, plan for the overall series

**Time:** 1 minute

**Speaker notes:**

-Explain why these terms are introduced. These are terms that health care providers are becoming increasingly familiar with. Members of the public should know what these terms mean in order to be able to have good conversations about medications with their health care providers

-75 minutes + 15 minutes of questions

## Rules of engagement

- Confidentiality and privacy
- Equal opportunities for sharing
- Respectful conduct

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**Purpose of slide:** Reminder about expectation for workshop

**Time:** <1 minute

**Speaker notes:**

-Interactive workshop, want to ensure time for everyone to share and participate. Also want to maintain confidentiality and privacy as we are dealing with personal information shared by participants

\*\*If conducting workshops virtually, it would also be important to review virtual etiquette, including:

-Encourage participants to have their cameras on if they can (promotes more interactive participation)

-Have microphone muted unless they are talking

-Can use chat box if needed but if there is a question or a comment, it is likely that other participants have the same question or are wondering the same thing. Encourage participants to ask questions out loud. This also helps to keep it as interactive as possible.

-Ask participants to set their name as their first name

*Of note: some virtual platforms have options for participants to raise a hand icon indicating they wish to ask a question or make a comment. When running the workshops, our group did not find this necessary and encouraged participants to ask questions/make comments as we went along. This helped keep the workshops from feeling too formal.*



## Purpose of your workbook

A tool to help keep track of everything you learn during the workshops

It contains:

- Copies of the slides for you to take notes
- Worksheets to use during the workshop
- Homework sheets
- Information on useful resources

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**Purpose of slide:** Review purpose of workbook

**Time:** 2 minutes

**Speaker notes:**

-Review contents and purpose of workbook, advise participants that it is theirs to keep, make sure to bring to each workshop

**\*\* If conducting workshops virtually:**

- Confirm all participants have received the cover letter and their workbooks. If workbooks not yet received, can add materials to the chat box on virtual platform so that participants can still access the needed materials.

## Today's objectives

You will be able to:

1. Describe the problems of polypharmacy among older adults
2. Describe how polypharmacy is a problem for you or the person for whom you are caring
3. Describe some of the benefits that can result from appropriate medication management
4. Explain how deprescribing is part of good prescribing and ideal medication management

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**Purpose of slide:** Overview of Workshop #1 objectives

**Time:** 1 minute

**Speaker notes:**

-Review objectives for today's workshops

-Helpful to let participants know that it is okay if they are not sure what several of the terms in the objectives mean (polypharmacy, medication management, deprescribing). All of that will be covered today.

*Of note: Facilitator should review the following resources about polypharmacy and deprescribing prior to the workshop:*

- 1) <https://deprescribing.org/>
- 2) <https://deprescribing.org/looking-for-deprescribing-networks/>
- 3) <https://lowninstitute.org/wp-content/uploads/2019/08/medication-overload-lown-web.pdf>
- 4) <https://lowninstitute.org/wp-content/uploads/2020/01/lown-eliminating-medication-overload-web.pdf>

Are there questions?



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**Purpose of slide:** Capture any specific questions that attendees have at this point

**Time:** 2 minutes

**Speaker notes:**

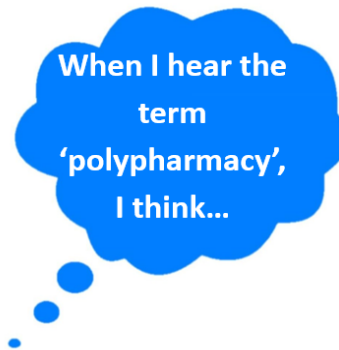
- Depending on what is asked, could direct some of these questions for discussion in the next sessions.
- Encourage participants to ask questions and that want the workshop to be more of a round table discussion vs lecture- important to set feeling for workshop (helps promote participation and engagement).

**\*\* If conducting workshops in-person:**

- Can add questions to a flip chart so they can be addressed at end of presentation or follow-up between sessions

## Getting to know you and what you know

- In 1 minute, introduce yourself and tell the group what you think about the following question



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**Purpose of slide:** Facilitate introductions

**Time:** 5-10 minutes

**Speaker notes:**

-Go one at a time around the table

-Can ask: let us know if you are taking part on your own behalf or on behalf of someone you care for

\*\* If conducting workshops for caregivers:

- Participants can provide information about their role as a caregiver (e.g. power of attorney, substitute decision maker) and their role in the medication management of the person they care for.

## Polypharmacy

- What does it mean?
- What does it look like?
- Why should you be concerned about it?

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**Purpose of slide:** Transition slide to introduce polypharmacy and identify what questions will be answered in the coming slides

**Time:** <1 minute

**Speaker notes:**

-Thank participants for sharing introductions

-Will begin addressing some of the learning objectives - one of the learning objectives is to describe the problems of polypharmacy among older adults.

- Before polypharmacy can be addressed, first need to know what the term means (can reference back to the participants' thoughts about what is polypharmacy) and then talk about why it is a concern

## Medications can:

- Treat symptoms
- Help medical conditions from getting worse
- Reduce the risk of getting a new medical condition



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**Purpose of slide:** To let participants know that medications can be helpful (i.e. not all medications are bad)

**Time:** 1 minute

**Speaker notes:**

-Before talking about polypharmacy, want to start off by saying that medications can be helpful.

-Medications can be used to treat symptoms that you may be experiencing (e.g. acetaminophen (Tylenol) when you have a headache)

-They can help medical conditions from getting worse (e.g. medications used for rheumatoid arthritis)

-And they can be used to reduce the risk of getting a new medical condition (e.g. medications used to reduce your risk of having a heart attack or stroke)

## Polypharmacy: Definition

- The use of more medications than are needed or for which harm outweighs benefit
- Particular risk for older people because they respond to drugs *differently*, are often frail, and are not typically represented in research



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**Purpose of slide:** Introduce concept of polypharmacy to participants

**Time:** 2 minutes

**Speaker notes:**

-However, on the flip side of this, taking multiple medications can lead to a problem known as polypharmacy.

-Polypharmacy is the use of more medications than are needed or using medications where the risk of harm outweighs the benefit. This is of particular concern as we get older because older people tend to:

a) Be on more medications

b) Can be frail

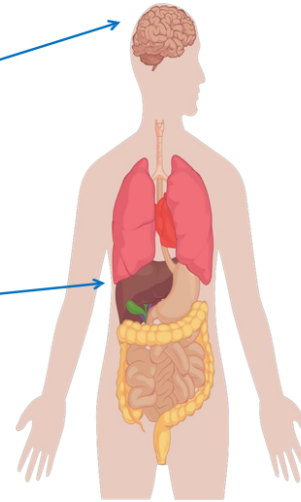
c) They can respond to drugs differently (will touch on this in the next slide) and

d) Unfortunately, are often not represented very well in the research we have that tells us about using medications.

-Breaking down word polypharmacy into root "**poly**" meaning **many/multiple** and "**pharmacy**" meaning **medication** may help attendees with understanding

## As we get older

- The brain becomes more sensitive to drug effects
- Some medications stay in our body longer because we have less muscle and more body fat
- Our liver and kidneys do not process medications as efficiently as when we were younger
- Our body contains less water and medications can become more concentrated
- New symptoms could be due to the body's changed response to medications



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**Purpose of slide:** Review what effects aging can have on medication response

**Time:** 2 minutes

**Speaker notes:**

-Polypharmacy can be of particular risk for older people because they can respond to drugs differently and this can be for several different reasons.

-The brain can become more sensitive to the effect of drugs - concern for medications that we know can cause side effects such as sedation or that can impair memory

-Medications can also stay in the body longer because of less muscle mass and more body fat

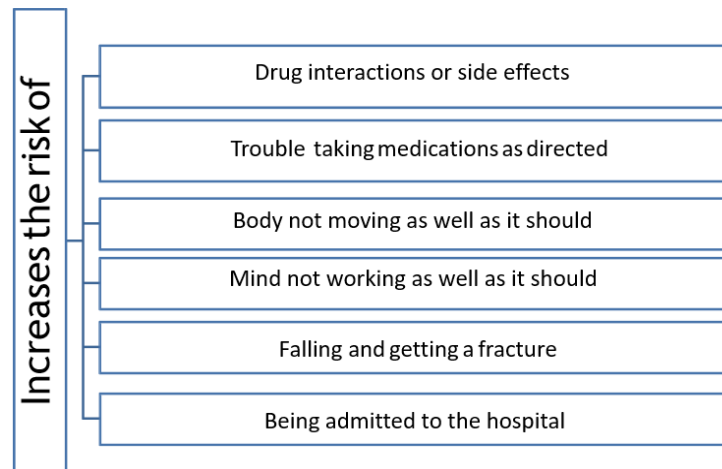
-Our liver and kidneys do not process medications as efficiently as when we were younger. For example, if you have a medication that needs the kidneys to be cleared from the body, but your kidneys are not functioning as well as they used to, that medication could end up staying in your body longer and lead to higher drug levels.

-Body also contains less water and medications can become more concentrated

-Not all new symptoms are because of age, some are because of new side effects. For example, a commonly discussed medication for older adults is antipsychotics. The Canadian Institute for Health Information released a statement that "There are well-documented safety concerns about the use of antipsychotics by seniors, particularly those with dementia. Antipsychotic use is associated with an increased risk of side effects, including sedation, a sudden drop in blood pressure, falls, fractures, stroke and death. ([https://secure.cihi.ca/free\\_products/LTC\\_AiB\\_v2\\_19\\_EN\\_web.pdf](https://secure.cihi.ca/free_products/LTC_AiB_v2_19_EN_web.pdf))



## Polypharmacy can lead to problems



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**Purpose of slide:** Discuss consequences of polypharmacy

**Time:** 2 minutes

**Speaker notes:**

-Go through list of problems in the figure

\*\* If conducting workshops for caregivers:

-In long term care (LTC), even if the nurse is helping with administering the medication, residents may still experience problems with pill burden (taking too many medications)

And can eventually make someone  
feel like this ...



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**Purpose of slide:** Visual representation of negative effects of polypharmacy

**Time:** <1min

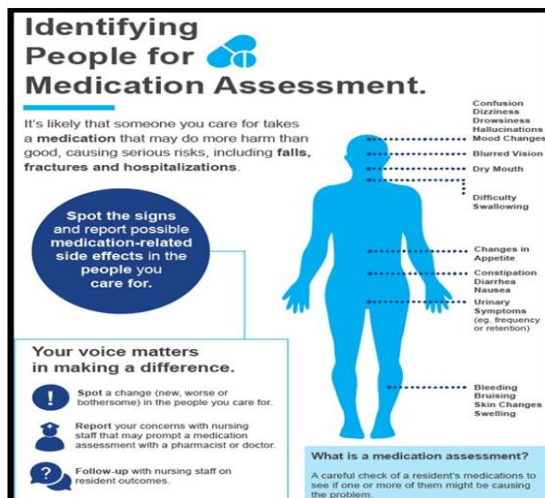
**Speaker notes:**

- Consider mentioning example of how often you (the facilitator) see this in your own practice
- Could consider asking participants “who can relate to this?”
- Mention to participants that in resource section of their workbook, there are examples of patient cases and testimonials that they can look at if they are interested (pages 46-47 in Participant Workbook)

**\*\* If conducting workshops for caregivers:**

- Consider asking participants “have you seen this happen?”
- May want to review “Resources” section in Implementation guide for resources on caregiver burnout as well

## Recognizing symptoms in someone else



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**Purpose of slide:** Recognizing symptoms associated with polypharmacy and how to address it

**Time:** 1 min

**Speaker notes:**

- This picture shows more examples of symptoms that you may recognize in yourself or the person you care for, and how that might be a flag to ask for a medication assessment to address polypharmacy – tools and skills to bring it up to your health care providers are discussed in Workshop #3
- Participants can start by identifying a change, reporting your concerns to health care providers, and following-up with those health care providers on what can be done to address these concerns
- Can provide printout of this handout—available from <https://deprescribing.org/wp-content/uploads/2021/07/Identifying-People-for-medication-assessment- Infographic-V13.pdf>

**\*\* If conducting workshops for caregivers:**

- Those that interact with a resident on a regular basis are in an ideal position to notice changes in them that may be medication related. They should monitor for new, worse or bothersome symptoms. In order to do this, caregivers should consider asking themselves the following questions when caring for a resident: 1. How is the resident doing today? 2. Are there any changes that I notice? 3. What should I be looking out for? 4. How do I communicate this information and with who?

## If we know polypharmacy is a problem, why does it still happen?

- More medications available than ever before
- People live longer (more diseases = more medications)
- Guidelines often tell prescribers when to start drugs but not when to stop them
- Increased hospital admissions (with many prescribers)
- Fear of 'rocking the boat' by prescribers and patients
- A culture of adding a medication before trying a non-drug solution (e.g. exercise, physiotherapy)
- People not knowing about the risks of medications
- Patients not knowing how to advocate for themselves

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**Purpose of slide:** Review why polypharmacy is still a problem

**Time:** 1 minute

**Speaker notes:**

-Review definition of polypharmacy with participants

-Review points listed on slide.

-For point regarding guidelines, can mention that guidelines don't always take into account patient values and preferences when recommending starting medications.

-Other examples of non-drug solutions include music therapy, sleep hygiene strategies, relaxation, changing the environment, etc. It is always important to ask a health care provider about non-drug options that are available.

-Highlight last bullet point around patients not knowing the risks or advocating for themselves as a lead in to what we will talk about next

**\*\*To Emphasize:**

-In recent years, health care providers (doctors, nurses, pharmacists) have become aware of problems with overuse of medications and challenges with stopping medications. They are increasingly interested in hearing about their patients' experiences with medications and to involve them in the decision-making process.

- Some health care providers have more education and experience about this than others.


- These workshops help prepare members of the public to have medication conversations with their health care providers. Please be patient as you try to have these conversations and as health care providers learn how to take your questions and concerns into account when making medication decisions

**\*\* If conducting workshops for caregivers:**

- Examples of more applicable non-drug alternatives to LTC may be: sleep hygiene strategies, behavioral modifications for agitation associated with dementia (e.g. letting resident calm down and then re-approach, give simple instructions), changing environment, etc.

- Some non-drug alternatives (e.g. physiotherapy) may have to be privately paid for by family in certain LTC homes

# What can you do?



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**Purpose of slide:** Transition slide into next section

**Time:** <1 minute

**Speaker notes:**

- So, the question then becomes, what can you as a patient and/or caregiver do about this problem?
- The next part of this workshop will look at potential solutions to addressing polypharmacy

**Reflection Worksheet #1 – Participant Experiences with Medication Management**

*What has been your experience with medication management?*

1. Do you know what medications you or the person you care for take? (circle one)  
YES      PARTIALLY      NO      UNSURE
2. Do you know the purpose of each medication? (circle one)  
YES      PARTIALLY      NO      UNSURE
3. How do you keep track of all the medications?
4. Who is involved in managing these medications?
5. How do you get information about medications?
6. What concerns do you have about the medications being used?
7. Do you feel that polypharmacy applies to you or the person you care for? (circle one)  
YES      NO      UNSURE

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**Purpose of slide:** Introduce participants to Reflection Worksheet #1 – Patient Experiences with Medication Management (Slide in PowerPoint is a filler slide asking participants to fill out worksheet)

**Time:** 5-10 minutes

**Speaker notes:**

- Have participants fill out individual worksheets either from the perspective of a patient or as a caregiver
- Let them know to answer as many questions as they can in 5-10 minutes, do not worry if they do not finish-they can add to it later
- Purpose of this exercise is to start thinking about what we are going to be talking about next-introduce that next sections will look at solutions to addressing polypharmacy (i.e. the concepts of good medication management, deprescribing and keeping track of medication history)

**\*\*If time concern:**

- Have participants review the reflection sheet for 1-2 minutes and then go straight to discussion on next slide

## Group discussion

1. Do you know what medications you or the person you care for take?
2. Do you know the purpose of each medication?
3. How do you keep track of all the medications?
4. Who is involved in managing these medications?
5. How do you get information about medications?
6. What concerns do you have about the medications being used?
7. Do you feel polypharmacy applies to you or the person you care for?

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**Purpose of slide:** Group discussion about the questions posed in the worksheet

**Time:** 10 minutes

**Speaker notes:** Facilitator to ask participants what they wrote down about the questions above; spend 5- 10 minutes discussing. Below are some additional discussion prompts/questions for each question if needed to promote participation

**#1:** Why do you think it is important to know what medications you take?

-For participants who do not know what medications they or the person they care for take - what do they feel the reason is for this?

**#2:** Why do you think it is important to know the purpose of each medication?

**#3:** Format used (bottles, blister packs, hand written list, etc.)?

-Why is that your preference? Are there challenges with the system you use?

**#4:** Who do participants feel the most comfortable asking? Why?

-Who do participants feel is the most reliable for this kind of information? Why?

**#5:** What resources do you trust and use frequently (online, written, from people you know)? Mention that this will be the focus of Workshop #2

**#6:** Is there information you feel you don't know about them, are they working or causing side effects?

*Of note: Participants may have specific questions about their medications. We recommend that facilitators avoid providing person-specific medication advice during the workshops and instead refer them back to their care teams. Providing information about general drug information questions (e.g. side effects, possible indications, cost/coverage of medications) would be appropriate.*

## Medication management: Definition

A system that supports your capacity to

- Understand
- Organize
- Take
- And monitor medications in a way that makes sure they are working well and not causing problems

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**Purpose of slide:** Define medication management so participants know what we are talking about when we use the term medication management

**Time:** 1 minute

**Speaker notes:**

-Explain why it's important to 'define' the term for the purposes of these workshops and also to help people understand the aspects of medication management that will ensure the medications are working well and not causing harm (and ultimately how they can participate with their health care providers)

*Of note: Facilitator should review the following resources about medication management prior to the workshop:*

- 1) Møller, M., Herborg, H., Andersen S.E., & Tjørnhøj-Thomsen T. (2020). Chronic medicine users' self-managing medication with information - A typology of patients with self-determined, security-seeking and dependent behaviors. *Research in Social and Administrative Pharmacy*. <https://doi.org/10.1016/j.sapharm.2020.06.021>
- 2) Garfield, S., Furniss, D., Husson, F., Etkind, M., Williams, M., Norton, J., Ogunleye, O., Jubraj, B., Lakhdari, H., & Franklin, B.D. (2020). How can patient-held lists of medication enhance patient safety? A mixed-methods study with a focus on user experience. *BMJ Quality and Safety*, 29(9), 764-773. <https://doi.org/10.1136/bmjqs-2019-010194>



## Reflection Worksheet #2 – Medication Management Quiz

What do you think are the benefits of good medication management?

Good medication management can:

	True?	False?
Reduce potential medication side-effects		
Reduce the possibility of drug interactions		
Take up a lot of time and energy		
Make it easier to take the right medications at the right time		
Result in taking more medications than wanted		
Help monitor if medications are working the way they should		

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**Purpose of slide:** Introduce participants to Reflection Worksheet #2 – Medication Management Quiz

**Time:** 2 minutes

**Speaker notes:**

- Have participants try to answer the questions
- Will then review the answers to the questions together

**\*\*If time concern:**

- Can do quiz together

## What are the benefits of good medication management?

	True?	False?
Reduce potential medication side-effects	✓	
Reduce the possibility of drug interactions	✓	
Take up a lot of time and energy		✓
Make it easier to take the right medications at the right time	✓	
Result in taking more medications than wanted		✓
Help monitor if medications are working the way they should	✓	

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**Purpose of slide:** Answers to quiz

**Time:** 2 minutes

**Speaker notes:**

-Go through quiz question by question, reviewing correct answer and providing more explanation regarding each answer with opportunity for participants to provide insights or comment

- **Reduce potential medication side effects:** medication management helps make sure you or the person you care for are taking your medications correctly to minimize side effects, also helps monitor for potential side effects so that you can identify when a drug may be causing a side effect and can address it with health care providers
- **Reduce possibility of drug interactions:** e.g. knowing when to take medications -> some medications need to be spaced out from each other or from food.
- **Take up a lot of time and energy:** can actually be incorporated into daily routines, may take a bit of time up front, particularly if you feel that you do not know what medications you or the person you care for are taking and why, but taking the time to do this is so important and can end up saving you and the person you care for and your care team time. It can eliminate potential problems in the future in terms of improving health outcomes
- **Make it easier to take right medication at the right time:** knowing when to take what medication is an important part of medication management and can help with missed doses and also goes back to the previous question about reducing the possibility of drug interactions (i.e. drug-drug , drug-food)
- **Result in taking more medications than wanted:** will touch on this shortly, but good medication management can actually help recognize medications that may no longer be needed
- **Help you better monitor if medications are working the way they should:** understanding why a medication is being used and what to expect (positive outcomes and side effects) is essential to monitoring medications and is information that is valuable to you, the person you care for, and your care team. The health care team may need to re-visit assumptions about an individual's health and past medical history.

## Good medication management also includes deprescribing:

- Deprescribing is the **planned** and **supervised** process of dose reduction or stopping of medication that may be causing harm or no longer providing benefit
- The goal of deprescribing is to reduce medication burden and harm while maintaining or improving quality of life
- Deprescribing is part of good prescribing – backing off when doses are too high or stopping medications that are no longer needed or may be causing harm

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**Purpose of slide:** Introduce concept of deprescribing and how it is part of good medication management

**Time:** 2 minutes

**Speaker notes:**

-Deprescribing is really part of good prescribing and is about backing off when doses are too high or stopping medications that are no longer needed or may be causing harm

-It is an opportunity to find a good balance and this can look different for everyone. It's not about stopping all medications, but it is focused on making sure a person is on the right ones.

-The official definition is the planned and supervised process of dose reduction or stopping of medication that may be causing harm or no longer providing benefit. The two bolded words planned and supervised are important (should always be done **TOGETHER** with the care team after a conversation).

**\*\* If conducting workshops for caregivers:**

- Participants may ask who is ultimately responsible for monitoring and supervising the process. It is important to emphasize that the resident, caregiver and health care providers must work together as a team in order for deprescribing to be successful. That includes everyone involved in the resident's care.

- As previously discussed: in recent years, health care providers (doctors, nurses, pharmacists) have become aware of problems with overuse of medications and challenges with stopping medications. They are increasingly interested in hearing about their patients' experiences with medications and to involve them in the decision-making process. Some health care providers have more education and experience about this than others. These workshops help prepare members of the public to have medication conversations with their health care providers.

## Why is deprescribing important and how can we make sure it gets addressed?

- Good medication management involves making clear decisions about what to continue AND what to reduce or stop
- Health care providers can help make decisions about deprescribing (reducing or stopping) when you share medication experiences
- A good medication history is an important first step to communicating a medication experience

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**Purpose of slide:** Make participants aware of why they should know about deprescribing

**Time:** 1 minute

**Speaker notes:**

-We talked earlier about how polypharmacy is still a problem and were questioning what you could do about it.

Deprescribing is something you and the doctor can do if you think there are problems with polypharmacy.

-Sharing medication experiences with health care providers is helpful to the deprescribing process

-Good medication history is a very important first step to helping health care providers understand a medication experience.

## Doctors tell us...

- It is challenging for them to keep up to date records about a patient's medications
- Information that is important to keep track of and share with them includes:
  - The reason for taking the medication
  - How long the medication has been taken
  - General feelings about taking the medication

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**Purpose of slide:** Let participants know that physicians believe it is important for people to know about their own medications

**Time:** 1 minute

**Speaker notes:**

- Results of discussion with physicians about what they wanted from their patient or the caregiver and this is what they had to say
- Anticipate that participants may be surprised by this information, especially what physicians find challenging, and use it to show importance of why knowing information about medications is important and that patients and caregivers need to play an important role/have responsibility too
- Stress importance of having the patient and/or caregiver report any reasons for medication changes to the pharmacy as changes are often made without documentation sent to pharmacy.

**\*\* If conducting workshops for caregivers:**

- Notifying pharmacy of changes or reasons for change may not be relevant in LTC

*Of note: This slide can be tailored to specific community where workshops are being held. Facilitators holding workshops could reach out to local prescribers to help fill in/modify this slide*

## Conversations about deprescribing require communication



**Purpose of slide:** To emphasize importance of communication for successful deprescribing

**Time:** 1 minute

**Speaker notes:**

- Medication conversations start with the patient at the centre and involves health care providers input as well as family or caregiver
- Deprescribing plans can be successfully implemented with the help of the different members on the wheel

## Tracking medication history and experience

Important pieces:

- Medication name (e.g. prescriptions, eye drops, creams, over-the-counter, vitamins, herbals, etc.)
  - Both regular and 'as-needed'
- Reason for use
- Directions and how it is taken
- When it started and expected duration
- Who prescribed it
- The effect – both good (i.e. work as expected) and bad (i.e. side effects)

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**Purpose of slide:** Review important components of a medication history

**Time:** 1 minute

**Speaker notes:**

- Several important pieces for a good medication history
- Ask participants if they can identify what information would be important to include
- Review list and comment on any pieces that were missed
- Discuss "as needed" and how they decide when to take an as needed medication

## Tracking medication history and experience

Important pieces:

- Changes in doses, when and reasons why
- Medications that have been tried in the past but are no longer being taken and why (a side effect? didn't work?)
- Allergies
- Intolerances (severe side effects)
- Medications a health care provider has said not to use and why

32

**Purpose of slide:** Review important components of a medication history

**Time:** 1 minute

**Speaker notes:**

- Several important pieces for a good medication history
- Ask participants if they can identify what information would be important to include
- Review list and comment on any pieces that were missed
- Discuss differences between allergies and intolerances and importance of including what the reaction was and timing to the suspected medication



## What is considered a medication?

- Prescription medications – such as antibiotics, blood pressure medications
- Over the counter (OTC) products – such as allergy, cough and cold, headache, pain medications
- Vitamins and minerals
- Natural health products – herbals, homeopathic
- Traditional medicines – ones that are specific to certain countries or cultures
- Caffeine, alcohol, nicotine, cannabis

33

**Purpose of slide:** Review what is considered a medication

**Time:** 1 minute

**Speaker notes:**

-Review what is considered a medication; consider asking participants what they think is considered a medication first and then reviewing list

-Ensure participants are aware it is not only prescription medications prescribed by health care provider

## What is considered a medication?

Medications come in many forms:

- Tablets
- Capsules
- Liquids
- Eye/Ear drops
- Inhalers/puffers
- Nasal Sprays
- Patches
- Injections
- Creams/ointments/  
lotions/gels
- Suppositories
- Vaginal inserts

34

**Purpose of slide:** Make participants aware that medications come in many different forms, not just pills

**Time:** 1 minute

**Speaker notes:**

-Often when we think of medications we think of pills, but medications are much more than just pills

-Review other dosage forms -> can have participants generate this list

# Homework part 1: Making a medication chart

## Homework #1 – Fillable Medication Record

### MEDICATION HISTORY AND EXPERIENCE

Update this record each time a medication is added or stopped, or dose changes. Bring this medication record to all appointments with a doctor, pharmacist or health care provider. The list of medications should be reviewed regularly to see if all of the medications are still needed.

Name: _____	Emergency contact name: _____
Date this form was last updated: _____	Emergency contact phone number: _____
Last updated by: _____	Pharmacy name: _____ Pharmacy phone number: _____

### CURRENT MEDICATIONS

Include all prescription and over-the-counter drugs, vitamins and supplements. Don't forget to list any eye/ear drops, patches, creams, inhalers, nasal sprays or injections.

Medication name and how it is taken (Dose, route, when and how often) (Route: by mouth, in eyes or ears, on skin, etc.)	Reason(s) for use	Start date	Stop date or expected duration	Prescribed by	Additional information (e.g., changes in doses, side effects to watch for, if it helped symptoms, any monitoring at home and what are the results?)

35

**Purpose of slide:** Review homework to be completed between now and Workshop #2

**Time:** 2 minutes (this slide and next)

**Speaker notes:**

- Have participants locate the medication chart in their workbook (pages 40-44 in Participant Workbook)
- Homework to do before next session: try to fill out the medication chart for themselves or the person they care for (caregiver)
- Other formats can be found on page 48 of Participant Workbook (ISMP app or medication record online)

*Of note: Facilitators can share fillable PDF or word document of the medication history and experience file if participants are interested in an electronic copy*

## Homework part 2: Reflections

Fill out the reflections worksheet that we can discuss at the next workshop

- What details did you find hard to fill out in the medication chart? Why?
- Where did you get the information to help fill out the medication chart?
- What did you like about the way the medication chart is organized?
- What did you NOT like about the way the medication chart is organized?
- Do you have another way of keeping track of this kind of medication information?

36

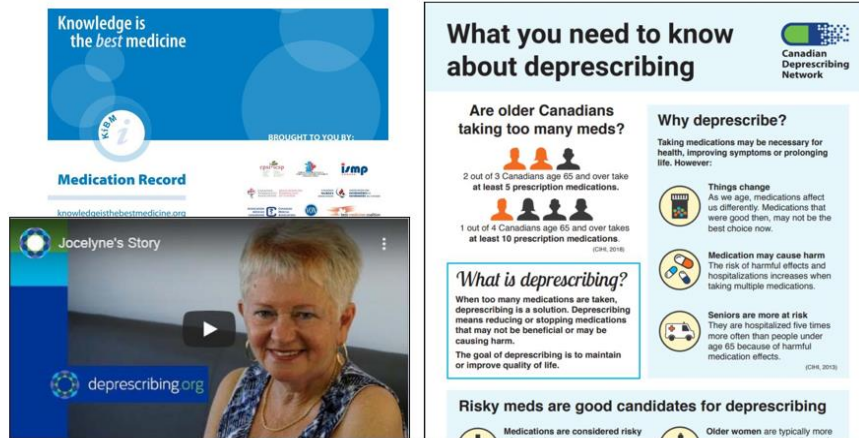
**Purpose of slide:** Review homework to be completed between now and Workshop #2

**Time:** 2 minutes (this slide and previous slide)

**Speaker notes:**

- Have participants locate reflection worksheet (page 45 in Participant Workbook)
- Ask participants to fill this out after completing the medication chart before Workshop #2
- Will review the reflection worksheet at the next workshop

## Overview of the resources listed in your workbook for this session



37

**Purpose of slide:** Make participants aware of the resources available to them in the workbook

**Time:** 2 minutes

**Speaker notes:**

-Include explanation of how to use or prioritize the resource list provided. Give overview of resources in the workbook (pages 46-48 in Participant Workbook)

- Testimonials about polypharmacy (links)
- Articles about polypharmacy
- Medication chart templates
- Links to websites or apps for making medication charts

## What we'll do at the next workshop

- Share challenges you had in completing the homework
- Share ideas on where and how to find information for a good medication history

38

**Purpose of slide:** Preview of Workshop #2

**Time:** 1 minute

**Speaker notes:**

- Will review the medication calendar and reflection worksheet and discuss challenges you may have had
- Will spend time looking at where you can find good medication information

## Wrap-up

- Questions?
- Next session:
- **Contact us:**
  - If you have any questions or concerns
  - If you want an electronic copy of the medication chart or resource list

39

**Purpose of slide:** Question period (or comments/impressions), review contact info and confirm date/time of next session

**Time:** 1 minute

**Speaker notes:**

- Ask participants if they have any questions
- Review when will be the next session
- Review contact information where they can direct any questions they have in between workshops

*Of note: Facilitators to have participants fill out date of next session and facilitator contact information. This information should be in the cover letter provided with the Participant Workbook.*

## 1.2 Reflection Worksheet #2 – Medication Management Quiz (Answer Key)

**WORKSHEET #2:** What do you think are the benefits of good medication management?

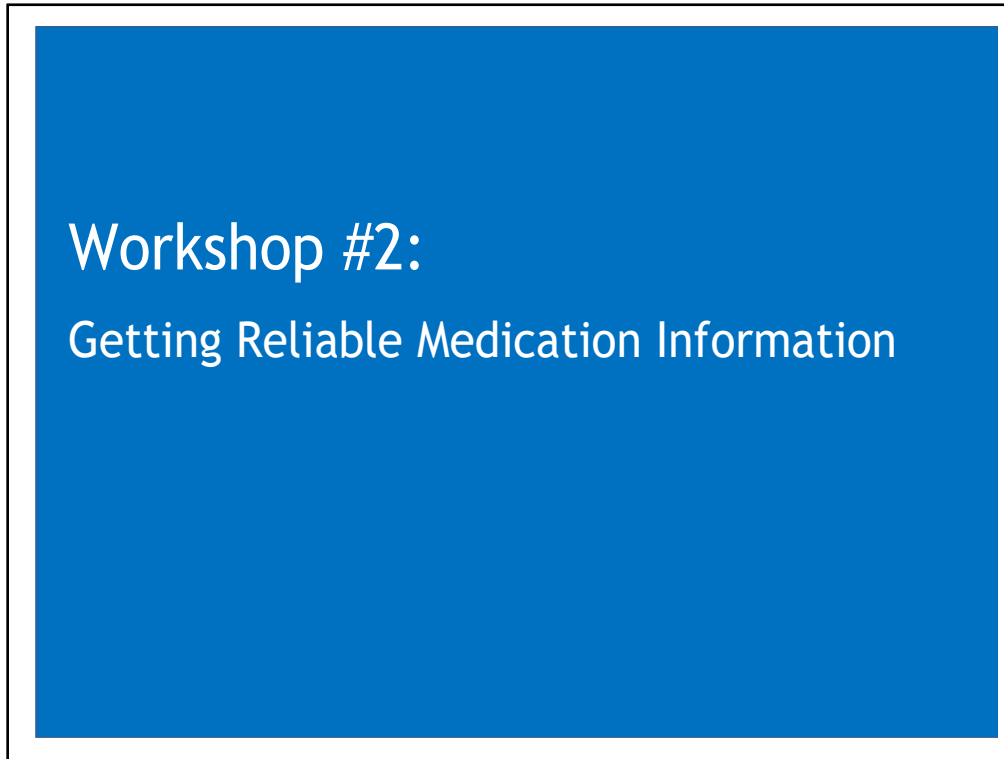
Good medication management can:

	True?	False?
Reduce potential medication side-effects	✓	
Reduce the possibility of drug interactions	✓	
Take up a lot of time and energy		✓
Make it easier to take the right medications at the right time	✓	
Result in taking more medications than you want		✓
Help you better monitor if medications are working the way they should	✓	



## 2.0 Workshop #2 Materials

### 2.1 Facilitator's Notes & Slides



**Purpose of slide:** Introduce facilitator and Workshop #2: Getting Reliable Medication Information  
(Acknowledgement and rules of engagement slides are included in PowerPoint as a reminder)

**Time:** 1 minute

**Speaker notes:**

- Explain workshop series is 3 workshops that aim to help people have conversations about medications with health care providers. The second workshop is called "Getting Reliable Medication Information".
- Remind participants it is an interactive workshop, want to ensure time for everyone to share and participate. Also want to maintain confidentiality and privacy as we are dealing with personal information shared by participants

**\*\*If conducting workshops virtually, it would be important to review virtual etiquette, including:**

- Encourage participants to have their cameras on if they can (promotes more interactive participation)
- Have microphone muted unless they are talking
- Can use chat box if needed but if there is a question or a comment, it is likely that other participants have the same question or are wondering the same thing. Encourage participants to ask questions out loud. This also helps to keep it as interactive as possible.
- Ask participants to set their name as their first name

*Of note: some virtual platforms have options for participants to raise a hand icon indicating they wish to ask a question or make a comment. When running the workshops, our group did not find this necessary and encouraged participants to ask questions/make comments as we went along. This helped keep the workshops from feeling too formal.*

## Overview of the series

- Overall goals:
  - Share information and experiences with 'polypharmacy', 'medication management' and 'deprescribing'
  - **Share ideas on how to find and use the right medication information**
  - Help you have useful conversations with health care providers about medications

50

**Purpose of slide:** Review overview of series

**Time:** < 1 minute

**Speaker notes:** Review that we have covered the first bullet in the first workshop and that we will cover the second bullet throughout today's workshop

## What we have done so far:

### Workshop #1:

- Polypharmacy
- Good medication management
- Deprescribing

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**Purpose of slide:** Review of first workshop

**Time:** 3 minutes

**Speaker notes:**

-Review key points from first workshop with support from participants (e.g. can someone remind us what is meant by the term polypharmacy and possible consequences of polypharmacy? What do we mean by good medication management? What is meant by the term deprescribing?)

## Today's objectives

You will be able to:

1. Describe what you need to know about medications and why it is important
2. Keep track of this information in a way that is organized and easy to use
3. Use reliable medication resources if you have questions

52

**Purpose of slide:** Overview of today's workshop

**Time:** 2 minutes

**Speaker notes:**

-Review learning objectives for today's workshop

## How will we do this?

- ✓ Review the pieces for a medication history and why they are important
- ✓ Share what you thought was useful about completing the homework
- ✓ Share challenges you had in completing the homework
- ✓ Share ideas on where and how to find information for a good medication history

53

**Purpose of slide:** Overview of today's agenda

**Time:** 1 minute

**Speaker notes:**

- Provide attendees with overview of what we will do to accomplish the objectives. Remind them that we will be reviewing the homework they completed after Workshop #1
- Ask attendees if they have any questions before continuing

**\*\* If conducting workshops in-person:**

- Can add questions to a flip chart so they can be addressed at the end or follow-up between workshops

### Reflection Worksheet #1 – Important Pieces of Medication History and Experience Information

Important pieces to track in a medication history and experience

Information piece	Why is it important?	Notes from the group discussion
Medication name (e.g. prescriptions, eye drops, creams, over-the-counter, vitamins, herbals etc.) – both regular and ‘as-needed’		
Reason for use		
Directions and how it is taken		

54

**Purpose of slide:** Review importance of each of the medication history and experience components  
(Slide in PowerPoint is a filler slide asking participants to fill out worksheets)

**Time:** 10 minutes (the following 2 pages)

**Speaker notes:**

- The thought here would be to give an opportunity this time to not only go through the list, but now discuss the reasons why it is important to keep track of this information.
- Consider framing questions in this way: “If the medication name is missing, what would happen? What are the risks? If you had to go to the hospital and they didn’t have that information, what might happen?”

**Answer key in next 2 pages**

- Could have this as just a group discussion – one facilitator to lead the talk, while another write things down on a flip chart. Alternatively, can give people a chance to think about it and write down their own thoughts in the worksheet (pages 54-56 in Participant Workbook) and then discuss
- Facilitator to fill in any missing information on answer key that is not generated through group discussion

*Of note: For some impactful data on drugs being re-prescribed and causing adverse drug events, check out this website: <http://actionade.org/publications/> (scroll down the page to the research data they have been collecting). This may help you in preparing for the workshop.*

## 2.1 Reflection Worksheet #1 – Important Pieces of Medication History and Experience Information (Answer Key)

Information piece	Why is it important?
Medication name (e.g. prescriptions, eye drops, creams, over-the-counter, vitamins, herbals etc.) – both regular and ‘as-needed’	<ul style="list-style-type: none"> <li>-Identifies what medications are being taken</li> <li>-Comprehensive list helps health care providers assess for possible drug interactions</li> </ul>
Reason for use	<ul style="list-style-type: none"> <li>-Medications can have several different reasons for use (indication)</li> <li>-Knowing the specific reason why a person is taking it helps health care providers assess whether it is still needed and determine monitoring parameters (efficacy and safety endpoints)</li> </ul>
<p>Directions and how it is taken</p> <p>Of note: this question may be interpreted in two ways – when it is taken or taken differently</p>	<ul style="list-style-type: none"> <li>-Important to know exactly how each medication is taken to assess whether the dose is appropriate</li> <li>-Helps to identify any potential issues with time of administration (e.g. food-drug interactions, drug-drug interactions)</li> <li>-Important to also know if taking it differently than prescribed (e.g. for any dose changes, tapering strategies, if admitted to hospital-ordered as it was prescribed vs. how it is being taken and possible consequences of this)</li> <li>*If conducting workshop to caregivers: if medication needs to be given differently (i.e. crushed, prefers liquids, in apple sauce). To ensure medications are given appropriately and safely</li> </ul>
When it started and expected duration	<ul style="list-style-type: none"> <li>-Important when discussing possibly deprescribing a medication</li> <li>-Some medications take time to work so important to know if have been taking long enough to assess benefit</li> <li>-Is anything expected to be taken lifelong, was there ever a plan to trial stopping a medication or is there a stop date for a medication (e.g. antibiotic, anticoagulant)</li> </ul>
Who prescribed it	<ul style="list-style-type: none"> <li>-Family MD vs specialist</li> <li>-If considering changes, the health care provider may want to consult the original prescriber</li> </ul>
The effect – both good (i.e. worked as expected) and bad (i.e. side effects)	<ul style="list-style-type: none"> <li>-Always want to ensure a medication is working well and not causing undue side effects</li> </ul>

Changes in doses (and reasons)	<ul style="list-style-type: none"> <li>-Goal: lowest effective dose</li> <li>-This information helps to assess efficacy and safety</li> <li>-Avoids trying to increase dose to see if added benefit if this has already been tried in the past</li> </ul>
Medications that have been tried in the past but are no longer being taken, and why (a side effect? didn't work?)	<ul style="list-style-type: none"> <li>-Avoids starting a medication that has already been tried and didn't work or caused side effects</li> </ul>
Allergies	<ul style="list-style-type: none"> <li>-Go through the difference between allergy and intolerance and emphasize importance of always writing down the reaction to a medication and the time course of the reaction and when the medication was taken (i.e. right away vs hours vs days later). -&gt; empower participants to share that information and why that information can be very important.</li> <li>-Generally, do not want to start a medication that has previously caused an allergic reaction. If absolutely necessary, ensure all proper safety precautions are followed (e.g. desensitization, pre-medication, safety monitoring)</li> </ul>
Intolerances (severe side effects)	<ul style="list-style-type: none"> <li>-Try to avoid medications that caused severe side effects or if side effect is dose-related</li> </ul>
Medications a health care provider has said not to use and why	<ul style="list-style-type: none"> <li>- Concept of a "never med" (any medication a health care provider has said not to use and why)</li> <li>- Some medical conditions can cause/increase likelihood of negative responses to medications (e.g. Parkinson's disease, renal dysfunction)</li> <li>- Reduces risk of being started on something you or the person you care for were told not to take</li> </ul>



## Remember what doctors have told us

- It is challenging for them to keep up to date records about a patient's medications
- Information that is important to keep track of and share with them includes:
  - The reason for taking the medication
  - How long the medication has been taken
  - General feelings about taking the medication

57

**Purpose of slide:** Reiterate importance of medication history

**Time:** 1 minute

**Speaker notes:**

-Emphasize why it is important and that prescribers want patients or their caregiver to play an important role/have responsibility too

-Stress importance of having the patient and/or caregiver report any reasons for med changes to the pharmacy as changes are often made without documentation sent to pharmacy.

**\*\* If conducting workshops for caregivers:**

- Notifying pharmacy of changes or reasons for change may not be relevant in LTC

*Of note: This slide can be tailored to specific community where workshops are being held. Facilitators holding workshops could reach out to local prescribers to help fill in/modify this slide*

## Homework discussion

- What details did you find hard to fill out on the medication chart? Why?
- Where did you get the information to help fill out the medication chart?
- What did you like about the way the medication chart is organized?
- What did you NOT like about the way the medication chart is organized?
- Do you have another way of keeping track of this kind of medication information?

58

**Purpose of slide:** Review Homework #2 from Workshop #1

**Time:** 10 minutes

**Speaker notes:**

-Facilitator to guide the group through review of Homework #2 from Workshop #1

- Important for facilitator to create an environment where participants feel comfortable saying that homework was hard or they had a lot of questions

- Probing questions to facilitate discussions:

**#1:** What kind of information was particularly hard to fill in? Why?

-Could consider leading with a personal example of time where this information was difficult to find or didn't know answer and explaining that we expected this homework to be difficult.

**#2:** Where did they go for information? ("Just out of curiosity, when you have medication questions, where do you go to try and get an answer?")

**#3:** Were there any surprises (e.g. realizing how much/little they know about their medications?)

**\*\*If time a concern:**

-Should focus on: What were the challenges? Did anyone come up with solutions? Introduce the concept of reliable medication resources



**Purpose of Slide:** Review what different resources exist to provide medication information

**Time:** 2 minutes

**Speaker notes:**

- You can find medication information from a lot of different places, there is a lot of information out there, so the difficult part can be understanding it and determining what is a reliable source of information
- Can ask participants to brainstorm different sources of medication information
- Online: MayoClinic, MedLine
- Written: pamphlets you receive from the pharmacy, textbooks, journals
- People: physician, pharmacist, nurse practitioner, telehealth Ontario, other HCP, family/friends (caution -> expert?)
- Popular opinion: radio, television, advertisements, magazines, social media such as Blogs, Twitter, Podcasts, Facebook

## What do we mean by “reliable medication resources”?

- Anywhere or anyone trusted to give correct and up-to-date medication information
- General tips:
  - Is it written by or an in-person consultation with a health professional (e.g. doctor, nurse, pharmacist)?
  - Is the information current?
  - Is the information the same if you check another resource?

60

**Purpose of slide:** What is meant by reliable medication resources

**Time:** 2 minutes

**Speaker notes:**

-Medication information vs reliable medication information can be two very different things and it can be very challenging to figure out what is reliable

-See if author or organization has expertise and training to provide the information (e.g. health professional, medical institution or a government health agency)

-Information does change with new evidence. Information you read about or were told at one point in time, may no longer be the current recommendations, hard to give a rule of thumb about what is considered current, it may depend on what information you are looking for

-Example: COVID situation - evidence/recommendations are changing so rapidly, that recommendations made even days ago may have changed as new evidence emerges.

-Explain that 2 sources of medication information will be touched on in a bit more detail (online and person)

*Of note: More information about pros and cons of each source is available in Workshop #2 Resources List (page 76 in Participant Workbook)*

## Medication information resources: Online

- Information accessible on the Internet
- These sources can give you information on:
  - Medical conditions, reason for use, side effects, and drug interactions
- Reliable sites:
  - Usually end in .org, .gov or .edu
  - Do not have a lot of advertisements in them (they are not trying to make money)
  - Do not make claims that a product can treat all people or any sickness
  - Often have an “About Us” or “Contact” page that tells you who wrote the information

61

**Purpose of slide:** Provide additional information about online resources

**Time:** 2 minutes

**Speaker notes:**

-Review info on slide

- It can be a challenge to find credible sources of information when you want to know more about your health or the health of the person for whom you care. A good place to start your search is to look for websites that end in .edu, .gov or .org as these websites are from educational institutions, governments or non-profit organizations.

## Wikipedia

- An online encyclopedia
- Information is not always trustworthy because:
  - You do not know who wrote the information (are they an expert?)
  - You do not know who reviewed the information (are they an expert?)
  - May not include new research or information
  - Information can be difficult to understand

62

**Purpose of slide:** Caution about Wikipedia

**Time:** 1 minute

**Speaker notes:**

-Explain Wikipedia may contain useful, reliable information, but may not always be trustworthy. Best to double check information that you read on Wikipedia with another reliable source.

## Medication information resources: People

- Who?
  - Health care providers include your community pharmacist, doctor, nurse practitioner, public health nurse
  - Telehealth Ontario (Toll-free: [1-866-797-0000](tel:1-866-797-0000))
  - Be careful of information from your family, friends, or neighbours (are they an expert?)
- Health care providers can give you information on any of the details in the medication chart

63

**Purpose of slide:** Describe importance of health care providers as sources of reliable medication information

**Time:** 2 minutes

**Speaker notes:**

- Participants can call their pharmacist with questions or go in to see them in person. It is always best to talk to the pharmacy that regularly fills their prescriptions. Medication information can be personalized to the participant!
- Discuss availability of MedsCheck program (Ontario) to have a medication review with the pharmacist. This can help with filling out the medication chart and can ensure the participant has an updated medication list.
- Information can also be obtained from the doctor during appointments, especially if a new medication is discussed.

**\*\* If conducting workshops for caregivers:**

- Caregivers can talk to the LTC home about how routinely medication reviews are performed and how often family can participate (LTC residents are eligible for annual MedsCheck + follow-up MedsChecks every 3 months in Ontario).
- Facilitators can offer solutions to obtaining medication information such as getting the list from the pharmacy associated with the home, asking nurses to provide information on how medication is administered, and obtaining the medication administration record from the home. Unless caregiver is power of attorney or substitute decision maker, it will require resident consent to obtain this information.
- Going to see the pharmacist in person may not be relevant in LTC (i.e. pharmacy servicing the home may be in a different city) but can still call them or obtain information from the servicing pharmacy

*Of note: If delivering workshop to participants outside Ontario, will need to modify slide with respect to Telehealth Ontario and MedsChecks/Med Review programs.*

## Beware: Television, radio shows and commercials

- Often exaggerated information that is not always supported by quality evidence
- Always talk with your health care provider first (even if it is a doctor or pharmacist sharing the information)

64

**Purpose of slide:** Caution attendees about popular opinion type sources of information

**Time:** 1 minute

**Speaker notes:**

- Give examples or ask participants to give examples of popular TV shows with health claims (e.g. Dr. Oz), or drug commercials they remember seeing
- Explain that these health claims are often exaggerated and inaccurate. Best to discuss with the health care provider before following any recommendations from these sources
- Caution with TV news sources as well, information can be spun or exaggerated



## Great sources of medication information

1. Your health care provider (e.g. physician, pharmacist, nurse)
2. Medline Plus ([www.medlineplus.gov](http://www.medlineplus.gov))

65

**Purpose of slide:** Summary of some great sources of medication information

**Time:** 1 minute

**Speaker notes:**

-While these are some great resources, there is also a resource list in the workbook (pages 75-79 in Participant Workbook) with additional resources and information about reliable sources of medication information. Highly recommend for participants to have a look.

Let's practice!

66

**Purpose of slide:** The goal of this activity is to have participants try to locate reputable drug information.

**Time:** 5-10 minutes

**Speaker notes:**

There are two different activities that could be tried. Time and resource permitting, facilitators could do both options.

Of note: *Could consider creating an additional slide(s) with the option(s) that you choose to do. This would allow the question to be displayed/available to the participants while they do their searching:*

**Option 1 (internet required): Someone just started taking amlodipine and are now noticing some ankle swelling. Could this be caused by amlodipine?**

-Have participants try and find this information

-If they determine "yes it can cause ankle swelling" -> review where they found this information and then the next step-> calling prescriber and saying I am having ankle swelling, and I read that amlodipine can cause ankle swelling (see next slide)

\*\* If conducting workshop for caregivers:

- May suggest caregivers contact the prescriber or notify the nursing team of the ankle swelling. If close to care meeting/conference appointment, can address at that time.

**Option 2 (internet not required): You were talking with your neighbour who started taking ASA, and you are wondering if you or the person you care for should be too. How would you approach this?**

-Engage participants in discussion about what they would do in this situation

-Purpose of this scenario is to highlight that it depends on their past medical history or of the person for whom they care, bleed risk, and other medications being taken (interactions). It is actually a complex question that requires a discussion with a health care provider, not just an online search.

-Emphasize the health care provider as a great source of reliable information

## Let's discuss the information

- Was it easy to find?
- Was it easy to understand?
- Was the information the same in all the resources?
- Are there any questions you have about this information?
- Where would you go now to find the answers to your questions?
- How would you use this information?

67

**Purpose of slide:** This slide would only apply to Option 1 (amlodipine example)

**Time:** 5 minutes

**Speaker notes:**

-Discuss participants' impressions of the information they found

## Homework part 1: Adding to a medication chart

Use reliable resources to fill in missing information, add more details about the medication history, and to learn more about the medications

68

**Purpose of slide:** Introduce Homework part 1 for this workshop

**Time:** 1 minute

**Speaker notes:**

- Resolve any remaining gaps in the medication charts, applying what participants have learned about resources during the session
- Review with participants that they may still have gaps in the medication chart because it can sometimes be challenging to ask the prescriber these questions
- Next session will not just be talking about getting medication information from the health care provider but also focusing on making decisions with the health care provider

## Homework part 2: Reflections

- Fill out the reflections worksheet that we can discuss at the next workshop
- Based on all the medication information you now have:
  - Do you feel the need to have a medication conversation with a health care provider? Why or why not?
  - Why do you want to have this conversation?
  - Who would you have this conversation with?
  - Is there anything that worries you about or might stop you from having this conversation?

69

**Purpose of slide:** Introduce Homework part 2 for this workshop

**Time:** 2 minutes

**Speaker notes:**

-Ask participants to fill out the Reflections worksheet (page 74 in Participant Workbook) that will then be discussed at Workshop #3. Review the questions with the participants.

**\*\*If conducting workshops for caregivers:**

- See “Resources” section in Implementation Guide for tools to effectively communicate within LTC (e.g. Huddle Tool)

Information expert: where does your opinion fit (as a patient and/or caregiver)?



70

**Purpose of slide:** Give rationale for doing reflections homework.

**Time:** 3 minutes

**Speaker notes:**

- Slide to start introducing the concept of shared decision making for the next workshop
- Present as: "We want you to start reflecting on these questions because you are important (as a patient and/or caregiver) in this whole process ..."
- Personal experience – focus on the fact that the patient and/or caregiver are the best sources of medication information for prescribers
- Not only what provider thinks is important but what patient and/or caregiver thinks is important
- The combination of the patient's lived experience and the professional's expertise in clinical illness will allow decisions to be made that are in line with your goals of care

## Overview of the resources listed in your workbook for this session

The screenshot displays two web pages side-by-side. The left page is the MedlinePlus website, featuring a search bar, navigation tabs for Health Topics, Drugs & Supplements, Genetics, Medical Tests, and Videos & Tools, and a prominent COVID-19 information banner. The right page is the Mayo Clinic website, showing a search bar, navigation tabs for Home, Health Information, For Medical Professionals, Research, and College of Medicine and Science, and a large image of a person wearing a face mask. Below the websites, there is a section for the Government of Canada with a menu and a list of subjects and features related to drugs and health products.

71

**Purpose of slide:** Provide overview of the resources listed in the workbook for this session

**Time:** <1 minute

**Speaker notes:**

-Provide overview of resources for this workshop (pages 75-79 in Participant Workbook)

## What we'll do at the next workshop

- Review the homework
- Share ideas on how to have useful conversations about medications with health care providers

72

**Purpose of slide:** Preview of Workshop #3

**Time:** 2 minutes

**Speaker notes:**

-Review that final workshop will focus on helping participants have useful (shared decision making) conversations about medications with the health care provider



## Wrap-up

- Questions?
- Next session:
- **Contact us:**
  - If you have any questions or concerns
  - If you want an electronic copy of the medication chart or resource list

73

**Purpose of slide:** Question period (or comments/impressions), confirm date/time of next session

**Time:** 1 minute

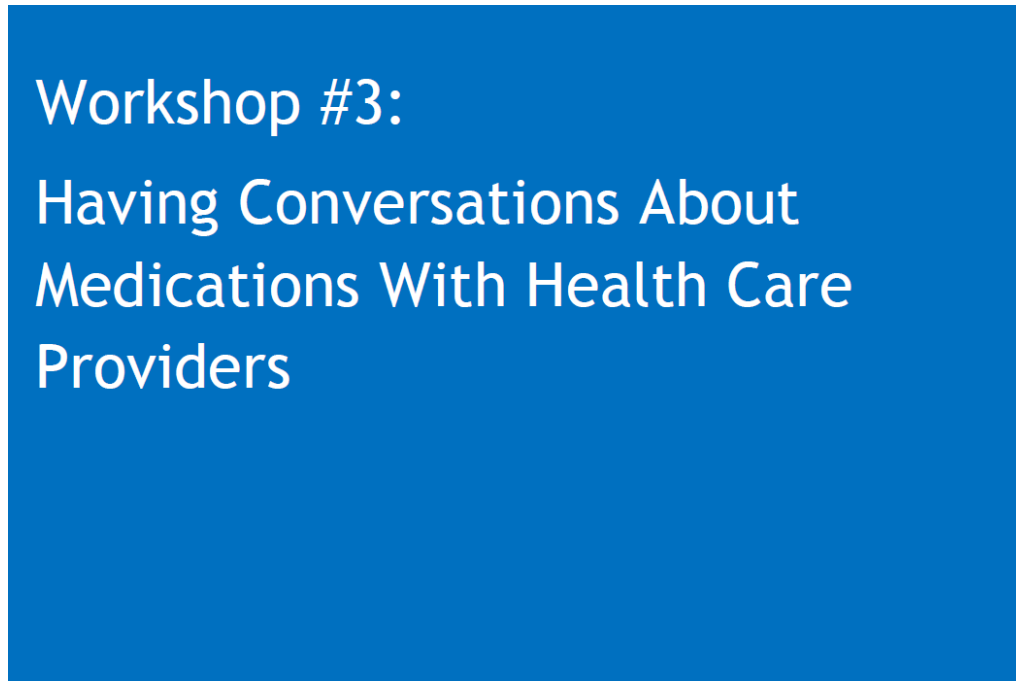
**Speaker notes:**

- Ask participants if they have any questions
- Review when will be the next session
- Review contact information of where they can direct any questions they have in between workshops

*Of note: Facilitators to have participants fill out date of next session and facilitator contact information. This information should be in the cover letter provided with the Participant Workbook.*

## 3.0 Workshop #3 Materials

### 3.1 Facilitator's Notes & Slides



**Purpose of slide:** Introduce facilitator and Workshop #3: Having Conversations About Medications With Health Care Providers

(Acknowledgement and rules of engagement slides are included in PowerPoint as a reminder)

**Time:** 1 minute

**Speaker notes:**

- Explain workshop series is 3 workshops that aim to help people have conversations about medications with health care providers. The third workshop is called "Having Conversations About Medications With Health Care Providers".
- Remind participants it is an interactive workshop, want to ensure time for everyone to share and participate. Also want to maintain confidentiality and privacy as we are dealing with personal information shared by participants

**\*\*If conducting workshops virtually, it would be important to review virtual etiquette, including:**

- Encourage participants to have their cameras on if they can (promotes more interactive participation)
- Have microphone muted unless they are talking
- Can use chat box if needed but if there is a question or a comment, it is likely that other participants have the same question or are wondering the same thing. Encourage participants to ask questions out loud. This also helps to keep it as interactive as possible.
- Ask participants to set their name as their first name

*Of note: some virtual platforms have options for participants to raise a hand icon indicating they wish to ask a question or make a comment. When running the workshops, our group did not find this necessary and encouraged participants to ask questions/make comments as we went along. This helped keep the workshops from feeling too formal.*

## Overview of the series

- Overall goals:
  - Share information and experiences with ‘polypharmacy’, ‘medication management’ and ‘deprescribing’
  - Share ideas on how to find and use the right medication information
  - **Help you have useful conversations with health care providers about medications**

81

**Purpose of slide:** Overview of workshop series

**Time:** 1 minute

**Speaker notes:**

- Review that we have covered the first two bullets in the first two workshops.
- Today’s workshop will focus on covering the third bullet
- Same format as previous – approximately 1.5 hours in total

## What we have done so far:

### Workshop #1:

- Polypharmacy
- Good medication management
- Deprescribing

### Workshop #2:

- Keeping track of a medication history
- Using reliable medication resources for information

82

**Purpose of slide:** Quick review of last 2 workshops

**Time:** 3 minutes

**Speaker notes:**

-Ask participants to help with the review (e.g. can someone remind us what is meant by the term polypharmacy? What do we mean by good medication management? What is meant by the term deprescribing?)

-Workshop #2 talked about the importance of keeping track of a medication history and using reliable sources of medication information.

-Let participants know that Workshop #2 content will be reviewed when you take up the homework from last session

## Today's objectives

You will be able to:

1. Identify questions you have about medications
2. Explain the idea of shared decision making as part of useful medication conversations
3. Play an important role in managing and making decisions about medications

83

**Purpose of slide:** Overview of today's objectives

**Time:** 2 minutes

**Speaker notes:**

-Review objectives for today's workshop

-Previous workshops' content and homework have been building up to final objective of participants ultimately being able to play an important role in managing and making decisions about medications.

## How will we do this?

- ✓ Review homework from Workshop #2
- ✓ Share ideas on how to have useful conversations about medications with health care providers
- ✓ Watch or participate in a role-playing exercise
- ✓ Make a commitment plan to clear up one of your most important medication questions

84

**Purpose of slide:** Review how we will accomplish today's objectives, give an overview of what participants can expect from today's session

**Time:** 2 minutes

**Speaker notes:**

-Review points on the slide

-Any questions before continuing?

## Homework discussion

After Workshop #2, we asked you to try and fill in any remaining gaps in the medication chart

- What resources did you use?
- What resources could you have used?

85

**Purpose of slide:** Review Homework part 1 from Workshop #2, focus on review of reliable medication resources

**Time:** 5 minutes

**Speaker notes:**

-Use this as a chance to review reliable medication information resources that were discussed in Workshop #2

## Homework discussion

Based on all the medication information you now have:

- Do you feel the need to have a medication conversation with a health care provider? Why or why not?
- Why do you want to have this conversation?
- Who would you have this conversation with?
- Is there anything that worries you about or might stop you from having this conversation?

86

**Purpose of slide:** Review Homework part 2 (Reflection worksheet) from Workshop #2, focus on reflection questions as lead in to today's discussion on shared decision making

**Time:** 5-10 minutes

**Speaker notes:**

-Facilitate discussion about each of these reflection questions

-Goal is to set the stage for discussion about shared decision making and each participants' role in shared decision making

-Important for facilitator to make participants feel comfortable sharing their reflections. Consider sharing a personal anecdote or story (e.g. leaving the doctor's office and only then remembering several other questions you had -> conversations can be difficult)



## Useful questions and when to ask them

87

**Purpose of slide:** Review of useful questions to ask, transition slide

**Time:** 1 min

**Speaker notes:**

-Explain to participants that we will next talk about: useful questions to ask healthcare providers about their current medications, then the various times points at which they should ask questions; we call these the '5 questions to ask' and the '5 moments for medication safety'

**5 QUESTIONS TO ASK ABOUT YOUR MEDICATIONS**  
when you see your doctor, nurse, or pharmacist.

**1. CHANGES?**  
Have any medications been added, stopped or changed, and why?

**2. CONTINUE?**  
What medications do I need to keep taking, and why?

**3. PROPER USE?**  
How do I take my medications, and for how long?

**4. MONITOR?**  
How will I know if my medication is working, and what side effects do I watch for?

**5. FOLLOW-UP?**  
Do I need any tests and when do I book my next visit?

**Keep your medication record up to date.**

**Remember to include:**

- ✓ drug allergies
- ✓ vitamins and minerals
- ✓ herbal/natural products
- ✓ all medications including non-prescription products

**Ask your doctor, nurse or pharmacist to review all your medications to see if any can be stopped or reduced.**

Visit [safemedicationuse.ca](http://safemedicationuse.ca) for more information.

Logos: ISMP, CPSI-ICSP, Canadian Society of Hospital Pharmacists, Canadian Pharmacists Association, SafeMedicationUse.ca

**Purpose of slide:** Introduce ISMP 5 questions to ask about your medications

**Time:** 3 minutes

**Speaker notes:**

- There is a larger, full page copy in the participant workbook (page 112 in Participant Workbook). Can have participants flip to it or follow along from the slide
- Review the 5 questions, including that these are examples of general questions for patients and/or caregivers to be asking about medications



**Purpose of slide:** Review the various points at which people should ask questions about their medications

**Time:** 3 minutes

**Speaker notes:**

-There is a full page copy in the participant workbook (page 113 in Participant Workbook). Can have participants flip to it or follow along from the slide

-Another useful resource to serve as a reminder of when the patient and/or caregiver should be asking questions and also provides prompts of what questions to consider asking at those different times.

## Additional moments for medication safety

- At admission (and discharge) to hospital or long-term care
- At regular medication reviews and annual care conferences (in long-term care)
- When goals of care change (e.g. near end-of-life)

90

**Purpose of slide:** Additional moments for medication safety

**Time:** 1 minute

**Speaker notes:**

- There are times in an individual's journey when their medications may change
- These are important times to consider medication safety
- Medication reviews can be done by pharmacists for eligible Ontario residents (Eligible residents include anyone taking 3 or more chronic medications, diabetics, LTC residents). Information can be found at:  
[https://www.health.gov.on.ca/en/pro/programs/drugs/medscheck/medscheck\\_original.aspx](https://www.health.gov.on.ca/en/pro/programs/drugs/medscheck/medscheck_original.aspx).
- Reviewing medications when goals of care change (e.g. end-of-life or palliative care) is important as the focus of care changes to provide comfort instead of extending survival
- Review the points listed on the slide

**\*\*If conducting workshop for caregivers:**

- Medication reviews (MedsChecks) are usually completed annually + 3 follow-up throughout the year by the pharmacist, the results of the review and concerns are then communicated with the health care team. For more information: [https://www.health.gov.on.ca/en/pro/programs/drugs/medscheck/ltc\\_residents.aspx](https://www.health.gov.on.ca/en/pro/programs/drugs/medscheck/ltc_residents.aspx)
- Some LTC homes have palliative care or hospice programs.

Now let's talk about shared  
decision making

91

**Purpose of slide:** Transition slide to the concept of shared decision-making

**Time:** < 1minute

**Speaker notes:**

- In the two previous slides, we looked at 5 questions to ask, and the moments for medication safety – included in these moments were discussions about starting, changing or stopping a medication
- In this next section of the workshop, we want to talk about how you can be a part of these decisions

## It's about a two-way conversation



<https://www.nia.nih.gov/health/effective-communication-caring-older-adults>

92

**Purpose of slide:** Conversations about medications should be a two-way conversation

**Time:** 2 minutes

**Speaker notes:**

- This is a really good picture because how often do you see pictures of a patient and health care provider and the health care provider is talking? In this picture, however, it is the patient who is talking and the health care provider is listening intently on what she has to say.
- The goal of 'shared decision making' is to improve decisions about care – including medication use.
- Shared decision making happens when a patient and/or caregiver and their health care provider work together to reach decisions about their care. In terms of medications, this involves people sharing their medication goals and experience with health care providers, who in turn share their knowledge of how well medications work and their side effects so that together, they can determine the best approach for medication management.
- Emphasize that as a patient and/or caregiver, they have important information they can bring to the appointment and conversation

## Research has taught us...

- Patients do better when they participate in their own care
- Health care providers are more likely to consider deprescribing if the patient or caregiver bring it up
- Making more information available to patients and their caregivers helps shared decision making with health care providers

93

**Purpose of slide:** Review what we know from research

**Time:** 2 minutes

**Speaker notes:**

-Patient-centred care produces better patient health outcomes

-Health care providers are more likely to consider deprescribing if the subject is introduced by the patient and/or caregiver

-Making more information available to patients and/or caregiver helps with the shared decision making process with health care providers

-Having more information about risks, benefits, options will empower patients

## Collaborative care: the importance of shared expertise



94

**Purpose of slide:** Highlight the importance of the patient and health care provider in discussions about care

**Time:** 2 minutes

**Speaker notes:**

- It is not only what the provider thinks is important but what the patient thinks is important as well
- You know you or the person you care for best. Health care providers are experts about medical conditions and medications but you are the expert about you or the person you care for. This information is extremely valuable



## The shared decision making process

1. Provide information about your medication experience (or that of the person for whom you care) (don't assume the health care provider knows)
2. Ask for information about options (e.g. reducing or stopping medication, alternatives to medication or safer medications)
3. Describe personal goals and preferences about treatment options, including medications
4. Make a decision (If you disagree or change your mind, tell them)

95

**Purpose of slide:** Review the shared decision making process from patient perspective

**Time:** 5 minutes (this slide and next)

**Speaker notes:**

-Review steps in the shared decision making process from the perspective of the patient and/or caregiver.

**\*\*Important:** frame this in a way so that it is understood that patients and/or caregivers have responsibility as well

*Of note: Facilitator should review the following resources about shared decision making prior to the workshop:*

- 1) Jansen, J., Naganathan, V., Carter, S.M., McLachlan, A.J., Nickel, B., Irwig, L., Bonner, C., Doust, J., Colvin, J., Heaney, A., Turner, R., & McCaffery, K. (2016). Too much medicine in older people? Deprescribing through shared decision making *BMJ*, 353, i2893. <https://doi.org/10.1136/bmj.i2893>
- 2) Stead, U., Morant, N., & Ramon, S. (2017). Shared decision-making in medication management: development of a training intervention. *BJPsych Bulletin* 41(4), 221-227. <https://doi.org/10.1192/pb.bp.116.053819>
- 3) Resources to help promote shared decision-making in long-term care: <https://deprescribing.org/resources/deprescribing-in-ltc-framework/>

What might prevent you from doing this with a health care provider?



96

**Purpose of slide:** Explore what might prevent someone from participating in shared decision making with their health care provider

**Time:** 2 minutes

**Speaker notes:**

- This picture is from a patient at the Geriatric Day Hospital at Bruyère, who didn't want to upset his health care providers by admitting he did not want to be on nitroglycerin patches. Instead, he filled the prescription but never used them
- This is an example of where shared decision making did not occur – each made a different decision and the patient didn't tell his health care provider that he didn't agree with their decision
- Discuss importance of sharing personal preferences to the decision being made
- Use this as an opportunity to have a group discussion again (see next slide)

What might prevent you from having a  
shared decision making conversation  
with a health care provider?

97

**Purpose of slide:** Group discussion to explore why participants may not participate in shared decision making now and why they feel that is

**Time:** 5 minutes

**Speaker notes:** Group discussion

-Pose the question to the group: What might prevent you from having a shared decision making conversation with the health care provider?

-At end of conversation, can also pose question to participants: What do you think could be the risks of not telling the health care provider what you or the person for whom you care really think? Some examples using nitroglycerin patch example: Getting admitted to hospital and this is on your medication list and gets started, unnecessary dose escalations of medications, starting of new medications, cost (\$), children getting a hold of medications, sharing medications

**\*\*If conducting workshops in-person:**

- Can add answers to a flip chart

## What questions do I need to ask to participate in shared decision making?

### Questions to ask your health care provider

1. What are the different options available? Are there any non-drug options?
2. What are the risks of each option?
3. What are the benefits of each option?

### Questions to ask yourself

1. What is important to me or the person I care for?
2. Am I ready to make a decision?

98

**Purpose of slide:** Review questions participants should ask in order to participate in shared decision making

**Time:** 4 minutes

**Speaker notes:**

- Will review questions participants should ask in order to participate in shared decision making.
- There are questions to ask the health care provider and also questions to ask yourself or the person you care for.
- Now that participants may have general information that they gathered from reliable sources of medication information, it is important to personalize this information and ask: How does this relate to me or the person I care for?
- When discussing benefits/risks, important to ask about likelihood and magnitude of those benefits and risks. This will help participants make better informed decisions.

## What are alternatives to medications?

- Depending on the situation, you can consider alternatives to medications such as:
  - Exercise
  - Physiotherapy
  - Pet therapy
  - Music therapy
  - Changing the environment (e.g. temperature, dust)
- Ask a health care provider if there are any non-drug options available

99

**Purpose of slide:** Understand alternatives to medications

**Time:** 1 minute

**Speaker notes:**

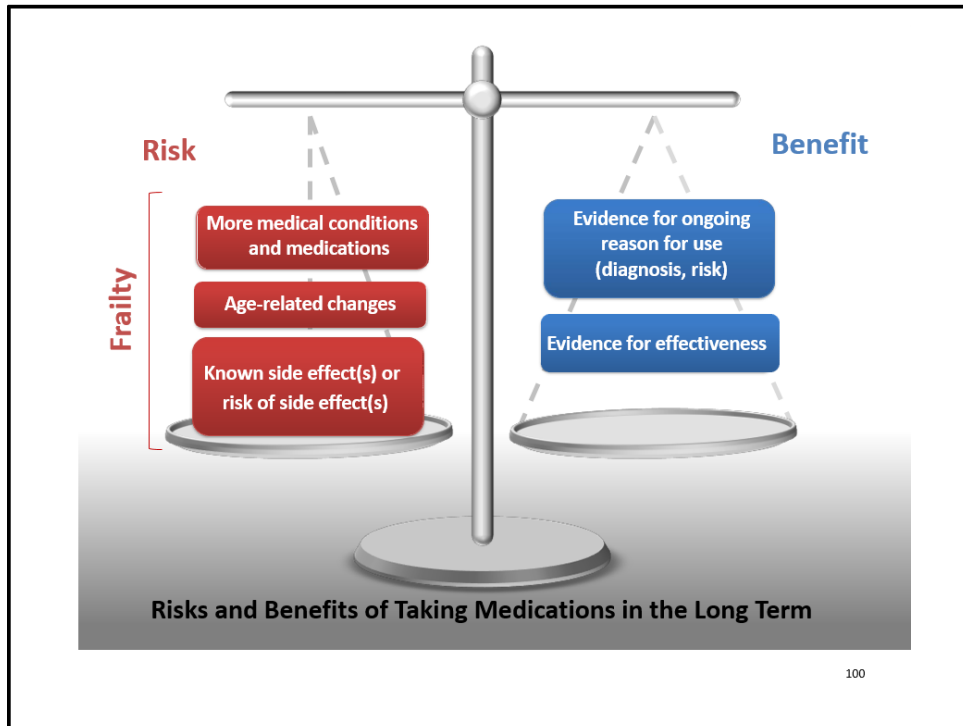
-Review alternatives to medications listed on slide

-Emphasize importance of prompting this conversation with the health care provider: Ask “are there any non-drug options available for me or the person I care for?”

**\*\*If conducting workshop for caregivers:**

- Some non-drug alternatives may have to be privately paid for if not acutely indicated (e.g. physiotherapy)

- For people with cognitive impairment or dementia who become agitated, the first thing that is tried is usually behavioral changes (e.g. gentle persuasion approach, remove or prevent triggers)



**Purpose of slide:** Risks and Benefits of Taking Medications in the Long Term

**Time:** 2 minutes

**Speaker notes:**

-As people age or there are changes to their health status, the risk benefit scale can change (e.g. something that was felt to have more benefit than risk, may now have more risk than benefit - due to age related changes, other medications, drug interactions, etc.) and this is where a conversation about deprescribing needs to happen (can review verbally what deprescribing is again if you feel it is necessary)

-Other times, there is often not a single best choice, possible benefits/risks of harms may be similar or unknown

-Choice may depend on individual preferences or goals and this could tip the scale in a certain direction

## Why do you think deprescribing a medication might be a challenge?



101

**Purpose of slide:** Review possible/perceived barriers to deprescribing

**Time:** 3 minutes

**Speaker notes:**

-Ask participants to brainstorm what they think might be challenges to deprescribing.

-Some challenges/barriers described in the literature:

- Patient fear of withdrawal of medication/previous negative experience
- Time
- Prescribers' attitudes/experiences/self-efficacy (self-efficacy is the belief in one's ability to do something; a physician could be very confident about their abilities in general but have low self-efficacy regarding their ability to deprescribing a medication safely)
- Prescribed by a different prescriber (reluctance to change a medication prescribed by a different prescriber, such as a specialist)

*Of note: Facilitator should consider reviewing the following resources about challenges/barriers to deprescribing prior to the workshop:*

- 1) Reeve E, To E, Hendrix I, Shakib S, Roberts MS, Wiese MD. Patient barriers to and enablers of deprescribing: a systematic review. *Drugs Aging* 2013;30(10):793-807. <https://doi.org/10.1007/s40266-0.13-0106-8>
- 2) Reeve E, Low LF, Hilmer SN. Beliefs and attitudes of older adults and carers about deprescribing of medications: a qualitative focus group study. *Br J Gen Pract*. 2016;66(649):e552-e560. <https://doi.org/10.3399/bjgp16X685669>

What questions do I need to ask when considering risks and benefits of deprescribing?

Pros	Cons
<ol style="list-style-type: none"><li>1. Fewer drugs – reduced pill burden</li><li>2. Less potential side-effects</li><li>3. Less costly</li><li>4. More patient-centered care</li></ol>	<ol style="list-style-type: none"><li>1. Withdrawal symptoms</li><li>2. Worsening of underlying disease/condition</li><li>3. Anxiety over what could happen</li></ol>

102

**Purpose of slide:** Review potential benefits and risks to deprescribing

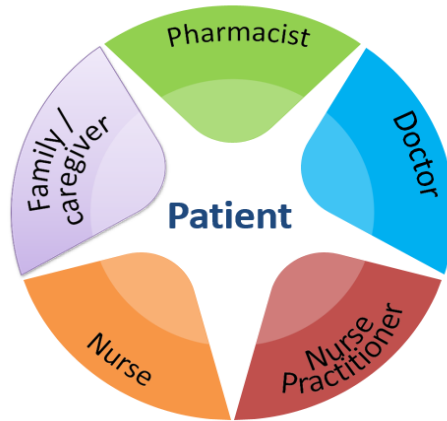
**Time:** 3 minutes

**Speaker notes:**

-Review list of potential benefits and risks to deprescribing



Who should you be having these conversations with?



103

**Purpose of slide:** Review with whom shared decision making conversations about medications can happen

**Time:** 2 minutes

**Speaker notes:**

- Review with whom participants can have conversations about medications
- Medication conversations start with the patient at the centre and involves health care providers input as well as family or caregiver
- Highlight family as a support system rather than source of reliable medication information
- Highlight importance of having a conversation with the care team.

**\*\*If conducting workshops for caregivers:**

- Highlight the importance of empowering the resident (if possible) to share how they are doing with their health care provider (e.g. if medication is working or if experiencing any side effects)

*Of note: Facilitator should consider reviewing the following resource about communication in long-term care homes prior to the workshop:*

- 1) Huddle Tool: <https://clri-ltc.ca/resource/huddletool/>

So you are thinking about having a discussion with a health care provider about medications...

- What might get in your way?
- Does anyone have ideas of possible solutions?
- What things should you do to be prepared?

104

**Purpose of slide:** Discuss challenges to medication discussions/possible solutions and preparing for those discussions

**Time:** 10 minutes

**Speaker notes:** \*\* Facilitated group discussion\*\*

-Ask the participants if there are challenges they are concerned about, ask other participants to suggest possible solutions. If no one offers up any challenges, be prepared with one or two examples that you can bring up (e.g. will not have enough time during appointment - possible solution: book a specific appointment to discuss your medications)  
-Being prepared: Being prepared for a discussion with the health care provider about the medications can help make the discussion more productive and be more successful in achieving these goals. Things to do to be prepared: make sure the medication calendar is up-to-date, write down your list of questions beforehand and bring it with you to the appointment, review the resources talked about (e.g. 5 questions) to make sure you know what you or the person you care for want/should be asking about, have someone come with you to take notes if you feel comfortable

\*\*If conducting workshop for caregivers:

- The above applies but can emphasize to be prepared with updated medication list and questions at annual care meeting/conferences. Many members of the health care team are present and concerns can be addressed together.  
- If having difficulty reaching the doctor, can consider reaching out to other care team members to set an appointment or have nursing team leave messages for doctor to call you back.

*Of note: If presenting outside of Ontario, long-term care facilities may have different programs and names of these initiatives for family to meet with the care team to discuss any issues. The term care "annual care meeting/conference" may need to be modified.*

What could a medication conversation look like?

## LET'S SEE ONE IN ACTION

YouTube: "Talking About Your Medications" - Example Shared  
Decision Making Conversation

<https://youtu.be/X8HUxu3ASX0>

105

**Purpose of slide:** Demonstrate a good example of a shared decision making conversation about medications

**Time:**10 minutes

**Speaker notes:**

-Play video of shared decision making conversation

-Link to video available here: <https://youtu.be/X8HUxu3ASX0>

## LET'S REVIEW

1. What were your general impressions?
2. Have you ever had a conversation like this?
3. What did you learn from this example?
4. Do you think you could participate in a shared decision making conversation?

106

**Purpose of slide:** Debrief on video and what participants learned

**Time:** 3-5 minutes

**Speaker notes:**

-Debrief on example of shared decision making conversation

-Questions to consider asking: What were your general impressions? Have you ever had a conversation like that? What did you learn from that example? Do you feel you could participate in one?

-Use this as an opportunity to highlight the steps involved in shared decision making again, using the video example

-Highlight the importance of the patient and/or caregiver prompting the conversation with questions for the health care provider

How can we help you get ready for your conversation?

## Making a commitment plan

107

**Purpose of slide:** Have participants make a commitment plan to have their shared decision making conversation

**Time:** 5-10 minutes

**Speaker notes:**

- Have participants fill out the commitment plan template (page 108 in Participant Workbook)
- Facilitator needs to make sure that participants write down a specific date (booking appointment, calling specialist, calling or visiting the pharmacist)

**Reflection Worksheet #1 – Participant Commitment Plan**

**Shared Decision Making Commitment Plan**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What questions do I have about medications?	
Who do I need to talk to?	
How will I arrange to talk with them?	
What do I need to bring? Do I need to bring anyone?	
What are the key points I want to discuss?	
When will I do this by?	

108

**Purpose of slide:** Have participants make a commitment plan to have a shared decision making conversation

**Time:** 5-10 minutes

**Speaker notes:**

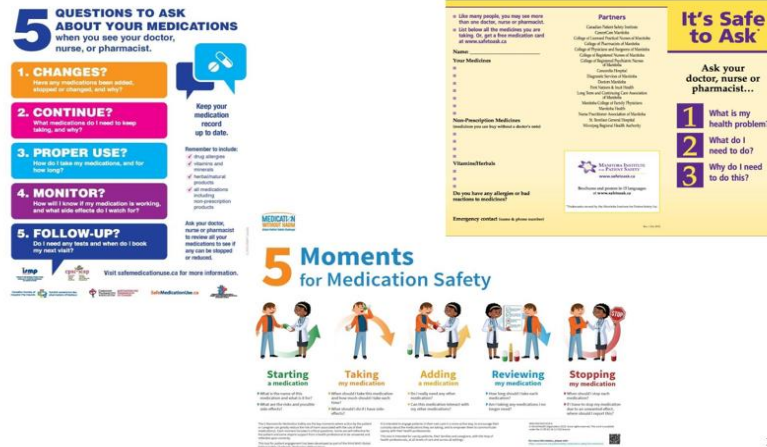
-Make the participants aware that they may not be able to talk about all medications at once. Suggest that when booking appointment, ask for a longer appointment to go over list of medications. Question participants can consider: “What are the 3 most important medications to talk about?” Example conversation: “Over the next year, I want to talk about all the medications, but I do not know which ones to start with. I’m interested in re-evaluating the benefits and harms of each”

**\*\*If conducting workshop for caregivers:**

- This conversation can happen during annual care meeting/conference. Or caregivers can try to make an appointment with the long-term care doctor during the year.

*Of note: If presenting outside of Ontario, long-term care facilities may have different programs and names of these initiatives for family to meet with the care team to discuss any issues. The term “annual care meeting/conference” may need to be modified.*

## Overview of the resources listed in your workbook for this session



109

**Purpose of slide:** Overview of resources in workbook

**Time:** 1 minute

**Speaker notes:**

-Give overview of resources in the workbook (page 116 in Participant Workbook)

-For participants who are residents of long-term care or caregivers of residents of long-term care, can show website:

<https://deprescribing.org/resources/deprescribing-in-ltc-framework/> and links to Shared Decision-making Guide, Infographic, Cue Card, Checklist, and Video Series

*Of note: Facilitator can consider sending participants copies of handouts via mail or email, or bringing handouts to workshops as appropriate*

## This journey was about:

- ✓ Sharing information and experiences with 'polypharmacy', 'medication management' and 'deprescribing'
- ✓ Sharing ideas about how to find the right medication information and keep track of it
- ✓ Helping you have useful conversations with a health care provider about medications

110

**Purpose of slide:** Begin overall wrap-up, review overall goals/hopes for this workshop series

**Time:** 2 minutes

**Speaker notes:**

-Review overall goals/hopes for this workshop series



## Wrap-up

- Questions?
- **Contact us:**
  - If you have any questions or concerns
  - If you want an electronic copy of the medication chart or resource list

111

**Purpose of slide:** Final wrap-up

**Time:** 1 minute

**Speaker notes:**

-Ask participants if they have any questions

*Of note: Facilitators to reiterate contact information for questions following the workshop series. This information should be in the cover letter provided with the Participant Workbook. Facilitators may offer to follow-up on any outstanding questions not addressed during the workshop series through email or phone-call. Can also consider sending out a post-workshop survey for any feedback on the material or presentations.*