



An independent reflection

Medicines and older Māori

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Intended users: This independent reflection is suitable for use by primary care clinicians and can be used to aid annual professional development recertification activities

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Endorsement: This activity forms part of the *Medicines and older Māori* course. This course has been endorsed by the Royal New Zealand College of General Practitioners (RNZCGP) for 0.75 CME credits for the General Practice Educational Programme (GPEP) and Continuing Professional Development (CPD) purposes. The College of Nurses Aotearoa (NZ) has also endorsed this course for 45 minutes of professional development. It may also be used by pharmacists to assist in completing a written reflection for PCNZ annual recertification.



Activity aim

The overall aim of this activity is to help you evaluate and improve your management of older Māori patients.

How to complete this activity

This activity encourages reflection by asking you to set goals and establish the actions you will take to achieve these goals. We have provided some examples to assist you.

Work your way through each of the four separate reflections included in this activity and write your notes in the spaces provided.

Please note that the reflection topic and activity for reflection four is combined into one page.

Why should you do this activity?

- Earn CME/CPD points
- Evaluate and improve your management of older Māori patients
- Provide an equitable healthcare service and equitable medicine access for your patients.

Tools to help with this activity

Videos 1-4: Medicines and older Māori

Before completing this independent reflection activity, we recommend watching the four videos in the He Ako Hiringa course *Medicines and older Māori*. These videos cover:

- Video 1 – Introduction
- Video 2 – Ethnic variation in the quality use of medicines for older adults in Aotearoa
- Video 3 – Medicines review services for older Māori
- Video 4 – Older Māori experiences of medicines and medicines related services.

Poster downloads

Jo Hikaka, the pharmacist whose PhD research formed the basis of the *Medicines and older Māori* course, has developed a range of posters based on her research and on the main questions that kaumātua had in relation to their medicines. You can display these posters in your place of work to help encourage discussion with your older Māori patients. These posters are available to download in te reo Māori and English in the additional

resources section of the *Medicines and older Māori* course.

EPiC Dashboard

The He Ako Hiringa EPiC dashboard can be used by GPs to identify patient groups for review. For example, identifying older Māori and Pacific peoples who may be eligible for newly funded hypoglycaemic medicines. Sign up at akohiringa.co.nz

1. Thinking about the videos, what are the implications for Māori in your community?

The principles of Te Tiriti o Waitangi are summarised below:

1. Māori are guaranteed the right of **self-determination and autonomy** in the design, implementation, and evaluation of health services.
2. Māori will experience **equitable health outcomes**.
3. Māori will be **actively protected** by the Government, which includes the need for both the Government (and its agents) and Māori to be **well-informed** of actions and outcomes relating to Māori health and pro-equity strategies and activities.
4. Māori will be offered healthcare **options** which include appropriately resourced kaupapa Māori services and culturally safe mainstream services.
5. Māori will be **partners** at all stages of the healthcare journey, including design and evaluation.¹

Consider:

- How do you provide information to older Māori to support them to make informed decisions about their medicines? What information do you provide? Do you know if this is effective in supporting informed decision-making?
- What do you do to improve access to medicines for your Māori patients?
- How do you support older Māori to enrol in the LTC or MUR programmes in their pharmacy?
- What Kaupapa Māori services are available for older adults in your area? Who can access these, and how can patients be referred?

Reflection examples

Example reflections are listed below:

Example 1: After completing the *Medicines and older Māori* course and assessing my knowledge in relation to this topic I have realised that I need to improve how I

Example 2: After reflecting on the information I provide to older Māori about their medicines I think I do the following things well _____. This is evidenced by_____.

Example 3: After completing the *Medicines and older Māori* course and assessing my knowledge of Māori health support services in my area, I realised I was not sure how we could link our patients with these services. I was also unsure of what help Māori health support services provide. I realised I need to learn more about this.

Use these examples to help you complete the reflection activity on page 4.

¹ Hikaka J, Jones R, Hughes C, Connolly MJ, Martini N. Utilising Te Tiriti o Waitangi to approach health intervention development and research: Pharmacist-facilitated medicines review interventions for Māori older adults. Accepted for publication in *J Prim Health Care* 2021.

Reflection activity 1

| Goal | Action to take (and by what date) | Date achieved |
|------|--------------------------------------|------------------|
| | | |
| | | |
| | | |

* Make sure your goals are SMARTER (specific, measurable, achievable, relevant and time-bound; then evaluate and readjust your approach).

2. Think about how you provide medicine review services to your older patients

Consider:

- How do you identify patients who may require a medicines review? What alerts you to this and what action are you able to take within your own practise setting?

Reflection example

Example: After watching the *Medicines and older Māori* videos, I reflected on the medicines review services in our pharmacy. Our MUR service is often provided to those who ask for extra support. However, we have high numbers of older adults in our community who may not know about this service and may not know to ask.

Use this example to help you complete the reflection activity on page 6.

Reflection activity 2

| Goal | Action to take (and by what date) | Date achieved |
|------|--------------------------------------|------------------|
| | | |
| | | |
| | | |

* Make sure your goals are SMARTER (specific, measurable, achievable, relevant and time-bound; then evaluate and readjust your approach).

3. Thinking about the videos, what are the implications for your workplace and/or your role as a clinician?

Consider:

- How can you share your learning from this course to facilitate the education of your colleagues?
- What other information/resources do you need to safely support older people to make informed decisions about new medicines or adhere to and persist with taking their current medicines?
- How do you identify when a new or existing medicine may be inappropriate for an older adult and what action can you take?

Reflection example

Example: After watching the *Medicines and older Māori* videos, I realised that we have not had any recent learning in our team about how medicines therapy needs to be more carefully considered in older adults, even though the majority of our patients are above the age of 60.

Use this example to help you complete the reflection activity on page 8.

Reflection activity 3

| Goal | Action to take (and by what date) | Date achieved |
|------|--------------------------------------|------------------|
| | | |
| | | |
| | | |

* Make sure your goals are SMARTER (specific, measurable, achievable, relevant and time-bound; then evaluate and readjust your approach).

4. What additional knowledge gaps did you identify?

List how you will address these gaps.

| Goal | Action to take (and by what date) | Date achieved |
|------|--------------------------------------|------------------|
| | | |
| | | |
| | | |

* Make sure your goals are SMARTER (specific, measurable, achievable, relevant and time-bound; then evaluate and readjust your approach).