URAF: An overall template to help care for older patients

John Feightner MD CCFP FCFP, University of Western Ontario Sid Feldman MD CCFP FCFP, University of Toronto

A. Understand and assess:

- What are the main changes and what has changed?
- What are the patient's fears, understanding and expectations?
- What are the contributing factors?
- What are the risks, consequences and urgencies?
- With older people, focus on: What's changed? Are there safety concerns? Is the problem emergent, urgent or routine?

B. Reflect:

- What is the most likely explanation?
- What is the context?
- Can we reach common ground?
- What are the priorities?
- ❖ With older patients, remember there is usually more than one contributing factor and many perspectives (lots of other people who think they know best what should happen)

C. Act:

- What needs doing right now?
- What needs investigating and monitoring?
- With whom should I be collaborating?
- With older patients, remember to *leverage* your time (10 minutes of your time can turn into an hour with... volunteer, occupational therapist, physiotherapist, homemaker, PSW, geriatric consult team, clergy, etc, etc.)

D. Follow-up:

- When should I reconnect with the patient, family, others?
- Who will do what?
- What might change our plans?
- ❖ With older patients, reminders and prompts might be necessary. Follow-up may need to be more frequent and more people may need to be involved.