ARE WE TRAUMATIZING THE PATIENT? DISCUSSING DRIVING RETIREMENT THE 5-STEP APPROACH

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OBJECTIVES

• Discuss principles of strength based approach

- Explore ways to start the conversation regarding driving retirement with Senior drivers
- Explore ways to discuss driving cessation when patients are potentially unsafe to drive

STRENGTH BASED APPROACH

• Focus on the assumption that people have strengths and resources for their own empowerment

• Focus on the individual, involving them in identifying strengths, setting goals and developing plans

• Has an emphasis on capacity and intentionality

STEP 1: START THE CONVERSATION EARLY

- Engage patient in the conversation early *before* issues with driving arise, letting them know of your concerns regarding their independence, safety and well-being for themselves and others
 - Annual physical
 - Once patients turn 65
 - At working retirement
 - At new diagnosis of condition that has potential impact on driving in the future (Visual Impairment, Parkinson's, COPD, CHF etc)

STEP 2: WHEN CHANGES BEGIN TO ARISE

- Revisit driving issues when lifestyle and/or medical changes begin to impact patient's function
- Inform how physical and/or medical changes can affect driving skills
- Discuss compensatory strategies based on the context

STEP 3: WHEN CHANGES AFFECT DAILY LIVING

- Share the facts about driving risks
- Consider driving assessment to evaluate safety on the road
- Explore fears surrounding the loss of independence and social connection
- Prepare the patient for transition "mobility counselling" [Carr and Ott, 2010]
- We want patients to be in the position to say "yes, it's time to retire from driving."

STEP 4: ENFORCING DRIVING RETIREMENT

- Revisit concerns surrounding driving skills focusing on mental/physical/visual abilities and reaction time
- Reflect and celebrate positive driving history
- Be firm and non-negotiable in your instruction that they should no longer drive
- Completion of Medical Condition Report

STEP 5: SUPPORTING TRANSITION

- Encourage family to set a schedule with the patient and organize transportation plans around it
- Find out what patient likes and dislikes regarding transportation alternatives and make adjustments
- Review transportation plan at least twice a year
- Grief and loss counselling and peer support groups

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