



# **Advanced Medication Safety for Older Adults Training Course**

26 – 30 April 2027  
Tbilisi



## Advanced Medication Safety for Older Adults Training Course

**Ref:** 1510\_211511 **Date:** 26 – 30 April 2027 **Location:** Tbilisi **Fees:** 5000 Euro

### Overview

Advanced Medication Safety for Older Adults Training Course is a one-week course for pharmacists, nursing leaders, care coordinators, quality professionals, and residential care teams, who leave with an Older Adult Medication Safety Review File. The course connects age-related risk, polypharmacy, reconciliation, structured review, high-risk medicines, adherence, deprescribing governance, care transitions, monitoring, and incident learning. Agile Leaders Training Center presents medication safety for older adults as a multidisciplinary governance discipline.

### Who Should Attend

- Functions responsible for medication safety and clinical governance
- Teams responsible for pharmacy, nursing, and care coordination
- Personnel responsible for medication reconciliation and transitions
- Leaders responsible for residential and community care quality
- Departments responsible for medication incidents and improvement

The course assumes participants influence medication-management systems for older adults and leaves out prescribing qualification, patient-specific treatment decisions, and clinical authorization.

### Departments and Industries

The course supports departments managing medicines across hospitals, primary care, residential care, pharmacy, and community services.

- Hospital pharmacy and clinical governance functions
- Primary and community care services
- Residential and long-term care organizations
- Nursing, care coordination, and discharge teams
- Quality, safety, and medication incident units

### Learning Objectives

By the end of this course, participants will be able to:



- Analyze age-related and polypharmacy medication risks
- Apply medication reconciliation across care transitions
- Evaluate structured medication review evidence
- Prioritize high-risk medicines and monitoring needs
- Build governance for deprescribing and adherence support
- Use incident evidence for multidisciplinary improvement

## **Course Agenda**

### **Day 1: Older Adult Medication Risk**

- Age-Related Medication Risk Profile
- Polypharmacy Burden and Benefit Map
- Frailty, Function, Falls, and Adherence Assessment
- High-Risk Medicine Prioritization Matrix
- Medication Safety Responsibility Charter

### **Day 2: Reconciliation and Transitions**

- Best-Possible Medication History Method
- Prescribed, Nonprescription, and Complementary Medicine Register
- Medication Discrepancy Classification and Resolution Log
- Admission, Transfer, and Discharge Reconciliation Workflow
- Patient, Carer, and Team Communication Plan

### **Day 3: Structured Medication Review**

- Person-Centered Medication Goal and Preference Record
- Indication, Effectiveness, Safety, and Adherence Review
- STOPP/START Screening Tool Application
- Potentially Inappropriate Medicine Escalation Path
- Monitoring and Follow-Up Accountability Schedule

### **Day 4: Deprescribing and Incident Learning**

- Deprescribing Governance Decision Framework
- Withdrawal, Tapering, and Monitoring Control Plan
- Medication Incident Triage and Harm Assessment
- Root-Cause and Contributing-Factor Review
- Corrective Action and Learning Feedback Cycle

## Day 5: Older Adult Medication Safety Practice

- Suggested Exercise: Polypharmacy Risk Prioritization
- Suggested Exercise: Care-Transition Reconciliation
- Suggested Exercise: Structured Review and Deprescribing Decision
- Suggested Exercise: Medication Incident Learning Review
- Capstone Exercise: Older Adult Medication Safety Review File

## Practical Exercises

The course uses suggested activities based on fictional hospital, primary care, residential care, and community scenarios.

- Suggested activity: map polypharmacy, frailty, falls, adherence, and monitoring risks for an older adult profile.
- Suggested activity: reconcile medicine lists across a transfer and document discrepancy resolution and communication.
- Suggested activity: conduct a structured review and propose an authorized escalation or deprescribing discussion.
- Suggested activity: investigate a medication incident and present corrective actions with follow-up ownership.

## FAQs

### Who suits advanced medication safety for older adults training, and what does it assume?

Pharmacy, nursing, care coordination, quality, and residential care teams suit the training; it assumes responsibility for medication-safety systems rather than authority to prescribe.

### How does medication safety for older adults differ from general medication management training?

Medication safety for older adults centers on age-related change, frailty, polypharmacy, potentially inappropriate medicines, transitions, carers, adherence barriers, deprescribing governance, and monitoring.

### What is a structured medication review for an older adult?

A structured medication review is a person-centered examination of all medicines, goals, benefits, harms, interactions, practical use, monitoring, and preferences that produces agreed, documented actions and follow-up.



## **How should polypharmacy risks be prioritized?**

Polypharmacy risks should be prioritized using current indications, benefit and harm, frailty, falls, adverse effects, interactions, adherence, treatment burden, monitoring gaps, transitions, and the older person's goals.

## **What supports safe deprescribing in older adults?**

Safe deprescribing requires an authorized clinical decision, shared discussion, documented rationale, withdrawal or tapering guidance, assigned monitoring, communication across teams, and a plan to respond to symptoms or deterioration.

## **Conclusion**

Participants leave with an Older Adult Medication Safety Review File containing risk, reconciliation, review, deprescribing, monitoring, incident, and communication tools. The file creates traceability from medicine lists and patient goals to accountable actions. It helps multidisciplinary teams reduce avoidable harm while preserving appropriate treatment and continuity of care.