Psychiatric Medication Safety and Care Coordination Training Course

3 – 7 January 2027
Cape town

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Training Center

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Ref: 1532_213181 **Date:** 3 – 7 January 2027 **Location:** Cape town **Fees:** 4500 Euro

Overview

Psychiatric medication safety and care coordination is a one-week foundation course for healthcare managers, support staff, care coordinators, administrators, and non-prescribing professionals, who leave with a Psychiatric Medication Support Toolkit. The course covers medicine classes, medication reconciliation, side-effect observation, adherence conversations, consent, escalation, documentation, and multidisciplinary handovers without prescribing or dose decisions. Agile Leaders Training Center places psychiatric medication safety within coordinated non-prescribing support practice.

Who Should Attend

- Functions responsible for coordinating mental health medication pathways and follow-up
- Teams responsible for observing and documenting medication-related concerns
- Personnel responsible for patient information, consent support, and communication
- Managers responsible for medication safety processes and escalation routes
- Service administrators responsible for records, transfers, and multidisciplinary handovers

The course assumes participants support people who use prescribed psychiatric medicines and leaves out diagnosis, prescribing authority, dose selection, medication discontinuation, psychotherapy, and advanced psychopharmacology.

Departments and Industries

The course supports departments and organizations that coordinate safe medicine use and communication across service boundaries.

- Hospitals, clinics, and community mental health services
- Pharmacy liaison, patient safety, and care-coordination functions
- Social care, rehabilitation, and supported-living services
- Education, workplace wellbeing, and employee assistance services
- Nonprofit and community organizations supporting treatment continuity

Learning Objectives

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

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- Compare psychiatric medicine classes and common support considerations
- Apply a structured medication reconciliation and discrepancy process
- Use non-judgmental adherence and informed-consent conversations
- Analyze side-effect observations and escalation indicators
- Build medication handover, documentation, and follow-up records
- Evaluate professional boundaries and multidisciplinary coordination needs

Course Agenda

Day 1: Medication Support Scope

- Psychiatric Medicine Class and Purpose Reference Map
- Non-Prescribing Role and Professional Boundary Charter
- Medication Without Harm Risk Domain Canvas
- Person-Centered Information and Consent Checklist
- Medication Pathway Responsibility and Escalation Matrix

Day 2: Reconciliation and Transitions

- Best Possible Medication History Interview Guide
- Current Medicine List Verification Worksheet
- Medication Discrepancy Identification and Resolution Log
- Transfer-of-Care Medication Communication Checklist
- Multidisciplinary Reconciliation Responsibility Map

Day 3: Observation and Adherence

- Side-Effect Observation and Functional Impact Record
- Adverse Concern Recognition and Escalation Card
- Non-Judgmental Medication Adherence Conversation Guide
- Belief, Concern, and Practical Barrier Review Grid
- Supported Decision-Making and Information Preference Profile

Day 4: Coordination and Follow-Up

- Psychiatric Medication Support Plan Template
- Consent, Confidentiality, and Information-Sharing Record
- Prescriber, Pharmacy, and Care-Team Handover Protocol
- Monitoring Appointment and Follow-Up Tracker
- Medication Incident Reporting and Learning Loop

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Day 5: Medication Support Practice

- Suggested Exercise: Medication History and List Verification
- Suggested Exercise: Discrepancy and Transition Handover Review
- Suggested Exercise: Side-Effect Observation and Escalation Decision
- Suggested Exercise: Adherence and Consent Conversation
- Capstone Exercise: Psychiatric Medication Support Toolkit

Practical Exercises

The course uses suggested activities based on fictional healthcare, social-care, workplace, and community service situations.

- Suggested activity: compile a medication history, verify sources, compare lists, and document discrepancies for referral.
- Suggested activity: record observed side effects and functional changes, then select an escalation route without making a clinical decision.
- Suggested activity: conduct a non-judgmental adherence and consent conversation addressing beliefs, information needs, and practical barriers.
- Suggested activity: complete a multidisciplinary handover, follow-up tracker, and incident learning record.

FAQs

Who suits psychiatric medication safety training, and what does it assume?

Healthcare managers, support staff, coordinators, administrators, and non-prescribing professionals suit the training; it assumes workplace responsibility for support or coordination and excludes diagnosis, prescribing, dose changes, discontinuation decisions, psychotherapy, and advanced psychopharmacology.

How does psychiatric medication safety differ from psychopharmacology training?

Psychiatric medication safety focuses on reconciliation, observation, communication, adherence support, escalation, records, and coordination, while psychopharmacology training prepares qualified clinicians to evaluate mechanisms, indications, interactions, prescribing choices, and dose decisions.

What does psychiatric medication reconciliation involve?

Psychiatric medication reconciliation involves assembling an accurate current medicine list, checking reliable information sources, comparing records, identifying discrepancies, documenting changes, and communicating the verified list and unresolved concerns across care transitions.

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When should psychiatric medication concerns be escalated?

Psychiatric medication concerns should be escalated when observed effects, missed treatment, discrepancies, consent questions, safety indicators, or information gaps exceed the participant's role or require review by a prescriber, pharmacist, or qualified clinical team.

Conclusion

Participants leave with a Psychiatric Medication Support Toolkit containing class references, reconciliation records, observation cards, conversation guides, escalation routes, handover protocols, and follow-up trackers. The toolkit makes non-prescribing responsibilities and information flow visible. It helps teams document concerns, support informed participation, and coordinate review without altering treatment.