

Geriatric Assessment for Nurses

Role play guide: Assessment of Medication & Polypharmacy in Older Adults

Role Play Guide
Learning outcomes
<p>By the end of the role play, students will be able to:</p> <ol style="list-style-type: none"> 1. Conduct a medication history interview for an older adult. 2. Assess compliance and adherence using therapeutic communication. 3. Perform medication reconciliation using two or more sources. 4. Apply Beers Criteria to identify potentially inappropriate medications. 5. Use STOPP/START Criteria to identify inappropriate prescribing and omissions. 6. Apply the Medication Appropriateness Index (MAI) to evaluate medication appropriateness. 7. Use the ARMOR Tool to propose deprescribing or regimen simplification. 8. Communicate medication risks and recommendations to the patient in simple, clear language.
Instructions
<p>Characters</p> <ol style="list-style-type: none"> 1. Nursing Student (Assessor) <ul style="list-style-type: none"> o Conducts medication history o Applies tools o Explains findings 2. Older Adult Patient (Simulated Patient / Student Actor) <ul style="list-style-type: none"> o Follows a script with symptoms, medicines, concerns 3. Observer / Facilitator <ul style="list-style-type: none"> o Uses checklist o Guides reflection o Gives feedback

Patient Scenario for Role Play

1 Patient: Mrs. Fernando

- Age: 78
- Complaints: dizziness in mornings, constipation, recent fall, slow thinking, trouble sleeping
- Living: alone, son visits weekly
- Medical history: Hypertension, diabetes, osteoarthritis, insomnia, chronic kidney disease stage III

2 Current Medication List (Patient says in interview):

1. Glibenclamide 5 mg daily
2. Amlodipine 10 mg daily
3. Diclofenac 50 mg TID
4. Amitriptyline 25 mg at night
5. Diazepam 2 mg at night
6. Paracetamol as needed
7. Multivitamin
8. Herbal sleep potion from neighbor

3 Pharmacy List Provided to Student:

- Glibenclamide
- Amlodipine
- Paracetamol
- Tamsulosin (patient has stopped)

4 GP List Provided to Student:

- Metformin (patient not taking)
- Sertraline (patient stopped 1 year ago)

5 Behaviors Showing Non-adherence:

- Uses a plastic box with all pills mixed together

- Forgets doses
- Stopped metformin due to “stomach upset”
- Uses herbal potion for sleep

Role Play Procedure

Stage 1: Introduction (2 minutes)

Student:

- Introduces self
- Confirms patient identity
- Explains purpose of medication review
- Ensures privacy & comfort

Stage 2: Medication History Interview (6 minutes)

Student performs:

- Open-ended questions:
“Can you tell me all the medicines you are currently taking?”
- Probing questions:
“Do you take anything from a pharmacy, grocery store, or herbal shop?”
- Checks:
 - doses
 - timing
 - missed doses
 - who manages medications
 - side effects experienced

Patient responds according to script
(e.g., “I sometimes forget”, “I drink this herbal mix every night”).

Stage 3: Assessing Compliance & Adherence (4 minutes)

Student asks:

- “How often do you miss a dose?”
- “What makes it difficult to take your medicines?”
- “Do you use any tools to help remember your medicines?”
- “Do you take any traditional medicines?”

Patient reveals:

- Forgets often
- Doesn't like taking too many tablets
- Uses herbal potion
- No pill organizer

Student should interpret barriers
(cognitive, complexity, side effects, lack of knowledge).

Stage 4: Medication Reconciliation (5 minutes)

Student compares:

- Patient list vs pharmacy list vs GP list

Student identifies discrepancies:

- Metformin missing from patient
- Sertraline omitted
- Tamsulosin discontinued without informing doctor
- Adding Diclofenac, Diazepam, and Amitriptyline (not documented)

Stage 5: Apply Tools to Identify Issues (8–10 minutes)

1. Beers Criteria

Student identifies:

- Diazepam inappropriate: ↑fall risk
- Amitriptyline inappropriate: anticholinergic, constipation
- NSAIDs inappropriate in CKD
- Glibenclamide high hypoglycemia risk in older adults

2. STOPP Criteria

Student identifies:

- NSAIDs + CKD = STOPP violation
- Long-term benzodiazepines = STOPP
- Tricyclics + fall risk = STOPP
- Sulfonylureas (glibenclamide) = STOPP

3. START Criteria

Student identifies missing indicated therapies:

- Missing metformin (if tolerated)
- Missing ACE inhibitor for CKD + diabetes
- Missing antidepressant for untreated depression

4. Medication Appropriateness Index (MAI)

For each medication, student comments on:

- Indication
- Correct dosage
- Drug–drug interactions
- Drug–disease interactions
- Duration
- Practicality

5. ARMOR Tool (Deprescribing)

Student proposes:

- Assess: polypharmacy, interactions
- Review: identify unnecessary drugs
- Minimize: deprescribe diazepam, diclofenac, amitriptyline
- Optimize: switch glibenclamide to safer option (e.g., gliclazide)
- Reassess: follow up in 1–2 weeks

Stage 6: Communicating Findings (3–4 minutes)

Student explains in simple language:

- “Some of your medicines are increasing your risk of falls.”
- “Your kidney problem means painkillers like diclofenac are unsafe.”
- “We can reduce the number of pills to make it easier for you.”

Provides reassurance, respects patient preferences, uses teach-back technique.

Stage 7: Conclusion (1 minute)

Student:

- Summarizes key points
- Encourages follow-up with doctor/pharmacist
- Ensures patient understanding
- Thanks the patient

Observer Checklist

Communication

- Clear introduction and explanation
- Open-ended questions used
- Empathy maintained
- Checks patient understanding

Assessment

- Completed full medication history
- Identified adherence issues
- Performed accurate medication reconciliation
- Applied Beers, STOPP, START, MAI, and ARMOR appropriately
- Identified drug–disease interactions
- Identified polypharmacy risks

Critical Thinking

- Recognized inappropriate medications
- Identified missing indicated medications

- Proposed safe deprescribing
- Suggested adherence-improving strategies

Patient Education

- Explained risks in simple terms
- Gave practical advice (pill organizers, reminders)
- Encouraged regular medication review

Suggested Debriefing Questions (Post-Roleplay)

1. What were the main risk factors for medication-related harm in this patient?
2. Which tool was most helpful in identifying inappropriate medications?
3. Were any medications under-prescribed?
4. How would you adjust the regimen to improve safety?
5. What communication techniques improved patient understanding?

Optional Materials for Simulation

- Fake medication packets
- Medication lists (GP version, pharmacy version, patient version)
- Pill organizer
- Copies of Beers, STOPP/START, MAI, ARMOR worksheets