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Improving Resident Awareness and Documentation of Abnormal Involuntary Movements in Psychiatric Patients on Antipsychotic Medications

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BACKGROUND

Antipsychotic medications increase the risk of tardive dyskinesia (TD), a movement disorder characterized by involuntary and repetitive movements of the face, tongue, and limbs, which can be permanent and difficult to treat. TD can impact speaking, eating, swallowing, and other ADLs. The physical movements associated with tardive dyskinesia can be exhausting and embarrassing and may lead to social isolation. To minimize the risk of developing TD, it is the standard of care to regularly monitor patients. Abnormal Involuntary Movement Scales (AIMS) include assessing for the presence of abnormal movements, monitoring for changes in the severity of these movements, and monitoring for any adverse effects on the patient’s overall functioning and quality of life. Ultimately it is important to consider if the benefits of antipsychotics outweigh the risks or if patients could benefit from treatment for this side effect. The goal of this project was to increase residents’ understanding of the value of AIMS and facilitate its integration into assessments in an efficient way.

AIMS STATEMENT

By April 11th, 2023, 90% of PGY1 and PGY2 residents working in the SHMC psychiatric residency service will have strengthened their skills in examining patients using the standardized AIMS, documenting the date of the next assessment, and incorporating this into the discharge summary for those patients discharged on an antipsychotic medication.

METRICS

Outcome Measure: Number of residents who feel more comfortable with AIMS exam, documentation, and the date of the next due

Process Measure: Perceived ease in learning about AIMS

Balance Measure: Perceived Ease of incorporating AIMS into workflow

SURVEY OUTCOMES

METHODS of DATA COLLECTION

Power point teaching provided to residents with pre and post teaching survey data collected through Microsoft forms.

PROJECT SUMMARY

Providing education to residents on the AIMS exam and workflow to incorporate into documentation. The .AIMSCALE dot phrase / hyperlink was added to the discharge summary, we were able to increase the knowledge and likelihood of improved monitoring for psychiatric patients discharged from the AGPU

DISCUSSION

Limitations:

- PDSA cycles were short
- Did not gather data on improved detection of TD
- Did not assess residents’ fatigue after incorporated
- Did not test knowledge of AIMS with post quiz

Conclusions from Survey:

- Providers did not have awareness of importance of AIMS or how to do the exam on initial assessment
- 100% of providers reported that this project increased their awareness of AIMS
- 100% of providers plan to incorporate AIMS into discharge summaries and inclusion of the dot phrase/hyperlink was perceived to be simple and efficient
- Most residents did not want this on hand off check list
- All residents should use same discharge summary template
- All residents felt they would benefit from more education about treatment for movement disorders

Future Plans:

- Resident education around treatment for AIMS
- Data collection around increased detection of AIMS
- Resident and faculty workshop training for utilizing Botulinum toxin for TD (currently gold standard)
- Incorporation of monitoring to ambulatory settings every 6 months

REFERENCES

