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## Background

- Tardive dyskinesia (TD) is a persistent and devastating side effect of long-term antipsychotic treatment, despite increased use of second generation antipsychotics.
- Differentiation of TD from other movement disorders can be difficult, emphasizing the importance of accurate diagnosis.
- Psychiatric nurses (RNs) and nurse practitioners (NPs) are optimally positioned to both identify and manage TD as the care team member with the most frequent patient contact.

## Objectives

The purpose of this study was to assess the impact of using interprofessional faculty to deliver a continuing nursing education session on educational outcomes of the following: recognition of risk factors for TD development, assessment of new onset or progression of abnormal movements in patients at TD risk, and development of evidence-based treatment strategies.

## Methods

- Training occurred through a live lunch symposium at the 2016 APNA Annual Conference with an interprofessional faculty team of psychiatric nurses, a pharmacist, and a physician.
- Attendees participated in pre/post-test via audience response interspersed with didactic and case-based instruction.
- Session evaluations were collected at post-test and included questions about practice setting.
- Outcomes assessed included learning/knowledge, competence, and performance (Moore's levels 3-5).

- A 6-week follow-up survey assessed translation of knowledge into practice (participant performance), with repeated measures from pre/post testing.
- Chi square analysis was used to assess change in knowledge from pre- to post-testing, and translation of knowledge to practice from pre-test to follow-up, with a priori significance set at 0.05.

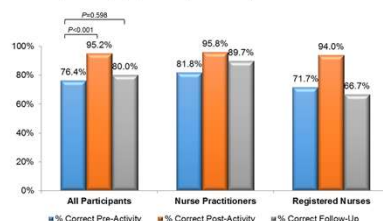
## Results

Over 500 participants attended the meeting and 406 completed session evaluations (Table 1). 94% indicated they would make a change in practice as a result of attending the activity and 97% indicated they could improve the practice of their interprofessional team, primarily through education of peers and colleagues.

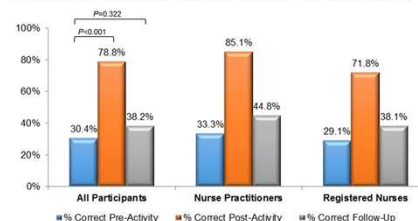
Table 1: Participant Characteristics at Post-Test (n=406)

Participant Characteristics	n (%)
<b>Nursing Discipline</b>	
Nurse Practitioner	162 (42%)
Registered Nurse	194 (51%)
Other Nurse Discipline	27 (7%)
<b>Practice Setting</b>	
Community Hospital	139 (34%)
Academic Center	108 (27%)
Solo/Group Practice	52 (13%)
Other Practice Setting	107 (26%)

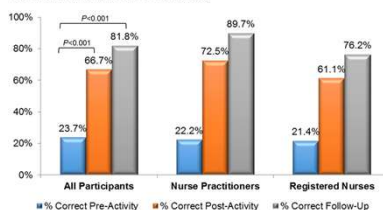
Question 1: Second generation antipsychotics have almost eliminated the risk of tardive dyskinesia (TD). (Correct response: False)



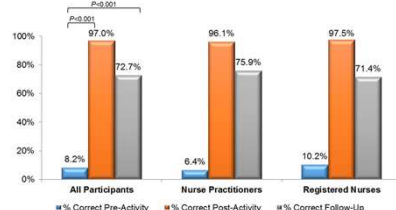
Question 2: For patients taking antipsychotic medication, all of the following factors increase the risk for tardive dyskinesia except: (Correct response: Male gender)



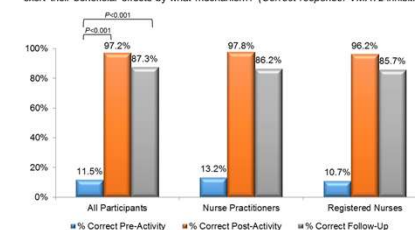
Question 3: Which of the following is a common tool used to assess for the presence and severity of symptoms associated with tardive dyskinesia? (Correct response: DISCUS and AIMS)



Question 4: Which of the following alternative treatments for TD has shown the most favorable reduction in AIMS score over the course of 12 weeks? (Correct response: Ginkgo biloba)



Question 5: The new anti-TD agents deutetrabenzine and valbenazine are thought to exert their beneficial effects by what mechanism? (Correct response: VMAT2 inhibition)



- Learning and knowledge improved for all questions on the day of training ( $P < 0.001$ , Questions 1-5).
- Results from the 6-week follow-up suggested knowledge related to assessment and treatment, but not risk, was retained ( $P < 0.001$ , Questions 3-5).

## Conclusions

- The use of an interprofessional faculty panel to deliver a CE activity for psychiatric specialty nurses resulted in a statistically significant improvement in TD assessment and treatment knowledge gained.
- Much of this knowledge was retained at 6-week follow-up.
- This project demonstrates the benefit of using interprofessional expertise and perspectives to educate nurses and the role for psychiatric pharmacists in providing ongoing CE activities.

**Disclosures:** The educational activity was supported by an educational grant from Neurocrine. Speakers delivering the program were provided an honorarium. The poster submission is unfunded.