

One-hour training improves documentation to diagnose, treat tardive dyskinesia

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An annual one-hour Abnormal Involuntary Movement Score (AIMS)

training session improves documentation to recognize and treat tardive dyskinesia in the psychiatry outpatient clinic, according to a study recently published in *Cureus*.

Arindam C. Chakrabarty, M.D., from the Southern Illinois University School of Medicine in Springfield, and colleagues followed a Lean Six Sigma quality improvement model, using the steps of define, measure, analyze, improve, and control. Reasons for AIMS nondocumentation were assessed among psychiatry attendings and [residents](#), and preferred solutions to increase [compliance](#) were ranked. AIMS documentation compliance was examined prior to and after implementation of improvements in a random sample of patient charts for individuals on [antipsychotic medications](#).

The researchers found that implementing a one-hour AIMS [training session](#) was the most highly ranked solution. Compared with preintervention, a random sample of 60 patient charts showed that significantly more patients had AIMS documented three months postintervention (87 versus 3 percent).

"A one-hour educational intervention increased the rates of screening from 3 to 87 percent," the authors write. "This is an important intervention in view of the nature of the side effects, its prevalence, and the recent approval of effective medications for treatment."

More information: Arindam C Chakrabarty et al, Increasing Abnormal Involuntary Movement Scale (AIMS) Screening for Tardive Dyskinesia in an Outpatient Psychiatry Clinic: A Resident-Led Outpatient Lean Six Sigma Initiative, *Cureus* (2023). [DOI: 10.7759/cureus.39486](https://doi.org/10.7759/cureus.39486)

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