The Development of a Deprescribing Training Module

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Background

Deprescribing is one prescribing approach to address polypharmacy and reduce the risk of adverse drug events in the older adult population (Scott et al., 2015). Deprescribing is defined as "the deliberate discontinuation of medications systematically to decrease the occurrence of adverse drug effects" (Naughton & Hayes, 2016, p.47). Discontinuing medications, however, can present a challenge for providers in knowing how to safely discontinue medications and how to incorporate deprescribing into daily practice. (Hoel et al., 2021).

"Studies have shown that upward of more than one-third of independent living adults are taking medications that the Center for Medicare and Medicaid (CMS) has labeled unnecessary. The Beers Criteria, and, similarly, STOPP/START criteria, have validated data that demonstrate the value of reduction of medications that add unnecessary risk to older adult regimens" (Hoel et al., 2021, p.247). Gaps in the literature exist on how to incorporate the evidence-based guidelines into practice and the impact these guidelines have on usual care.

Objectives

• Describe the process for developing a deprescribing training program for nurse practitioners

• Discuss the tool and resources needed to implement deprescribing into daily practice

• Identify the components of the deprescribing process

Development

The training program for nurse practitioners was adapted from the study conducted by Sun et al., 2021. The training consists of one three-hour self-paced training available via a virtual platform. The training included prerecorded training modules and utilized simulation to assess competency.

The training occurred in two phases a prerecorded presentation and a simulation module. The prerecorded presentation is approximately 45-60 minutes, followed by a simulation exercise lasting approximately 1.5 -2 hours. The simulation was adapted from Bruyère research deprescribing training (Bruyère Research, n.d).

Methods

The ADDIE model was used to design the deprescribing modules. The modules consist of five phases analysis, design, development, implementation, and evaluation. In the analysis phase, content experts were consulted to create the learning modules. The design phase consisted of creating a storyboard to outline the topics to be discussed and how the learner would engage with the modules. We then developed four modules that covered an overview of deprescribing, deprescribing tools, specific drug classes to target for deprescribing, and a simulation exercise. Asynchronous virtual training was offered to nurse practitioners during the implementation phase via a virtual platform. A post-test was used to evaluate the knowledge, and the simulation exercise evaluated the learner's competency.

Results

The training modules consist of the following:

• An introductory and exit knowledge quiz and the training course to assess participants' existing knowledge regarding medication management, polypharmacy, and deprescribing;

• A prerecorded presentation on polypharmacy and deprescribing;
• Review of tools and resources about deprescribing approaches (i.e., Beers Criteria, Screening Tool to Alert Treatment/Screening Tool of Older Person Prescriptions (START/STOPP); and medications to target for deprescribing

• Simulation exercises to provide real-life scenarios of older adults with polypharmacy.

ADDRESSING POLYPHARMACY THROUGH RESPONSIBLE PRESCRIBING: A DEPRESCRIBING TRAINING FOR NURSE PRACTITIONERS

POLYPHARMACY AND DEPRESCRIBING OVERVIEW

COURSE PROGRESS
- INFORMED CONSENT
- DEMOGRAPHIC QUESTIONNAIRE
- PRE-TEST
- POLYPHARMACY AND DEPRESCRIBING OVERVIEW
- DEPRESCRIBING TOOLS
- MEDICATIONS TO TARGET DEPRESCRIBING
- DEPRESCRIBING SIMULATION
- POST-TEST
- CLAIM YOUR CE CREDIT
- CERTIFICATE

POLYPHARMACY AND DEPRESCRIBING OVERVIEW
Medications to Target Deprescribing   RESOURCES

Medications to Target Deprescribing

Conclusions

The learning modules are designed to give the learner an overview of the problems resulting from polypharmacy, including the social and economic impact and how deprescribing can be utilized to prevent adverse drug effects in the older adult population. The content aims to help the clinician safely discontinue medications and incorporate deprescribing into daily practice.

Bibliography

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