

# GENERAL TIPS FOR COGNITIVE SCREENING

## *Setting the Stage*

- Weigh the benefits of performing a standardized screen with the potential burden to the client.
- Be clear on the purpose of the screen; discuss or clarify with referral source as needed. Be aware of how the results will be used and document appropriately.
- Consider the most appropriate time to administer the screen. Is the client medically stable? Emotionally prepared? Consider if beneficial to inform client in advance when the screening is scheduled.
- Obtain informed consent. Help the client understand the purpose of the screen and what to expect. The examiner must provide the client with the rationale for why they are doing the screen including the potential risks and benefits.

## **SAMPLE INTRODUCTION SCRIPT**

*“I would like to ask you some questions about your memory and thinking skills. This can help us understand where your strengths are and if there are any areas that are more difficult for you. It will take about 15 minutes and I will share the results with your physician/care team. Do you have any questions? Is it okay to go ahead with my questions?”*

*Because this is a standard test, I need to read the questions exactly as they are written and I am not able to answer any questions during the screen. Some of the questions may seem unusual, quite simple or difficult. Just try to answer them as best you can. We will have time for questions at the end. Let's begin. “*

## *Client Status & Acceptance Issues*

- Gather relevant information from the client/caregiver and team members to inform what approach is best.
- Select the most appropriate tool based on purpose, client age, diagnoses, presenting concerns, identity, language, culture, education level, and communication abilities.
- Recognize that standardized tools may be biased and often assume a particular background of skills and experiences that do not apply to all individuals. Participating in standardized cognitive screening may be perceived as offensive to some. If standardized tools are not appropriate for your client, consider other methods of screening or referral for functional cognitive assessment.
- If a client is depressed, anxious or has difficulty attending, proceed with caution or consider screening another time.

- If client is complex, over-medicated or in an altered mental state (ie. psychosis) consider referral for more in-depth assessment with a professional experienced in complex cognitive assessment.
- Consider timing of medications (analgesics, sedatives) prior to screening.
- Be prepared to discontinue screening if client becomes overly aggressive, agitated, distracted, or paranoid.
- If a client expresses concerns about participating in screening, consider spending more time explaining the purpose and nature of the test and how the results will be used.

#### *Examiner Considerations*

- Have all materials on hand prior to initiating screen. Familiarize yourself with administration guides, tip sheets and manipulatives (stimulus pictures, cue cards, objects).
- Be aware of unintentional cues (verbal, non-verbal).
- Consider impact of timing, the environment and the ability to build rapport when situation allows.
- Health professionals are responsible for ensuring their own competencies related to cognitive screening.
- Health professionals must meet the requirements of their profession and AHS when engaging in screening and subsequent clinical reasoning.

#### *Environmental Considerations*

- Have client sit up in a chair when possible.
- Select a quiet, well-lit testing space; test in an area that provides privacy and no interruptions, if possible. Screening areas should be neat and organized to minimize distraction.
- Test client by themselves whenever possible. If family/support person needs to be present, consider having them out of the client's line of sight and ensure they know they must not cue, encourage or participate in any way. Family should not be used as a translator unless as a last resort.
- If necessary/beneficial to have family present, have a specific conversation regarding what to expect and what their role should be.

#### *Compensation for sensory, movement or communication challenges*

In general, modification of any items is discouraged. Test questions should be presented per established guidelines, standardized scripts or verbatim instructions and all potential influencing factors should be documented. Only when it is impossible to administer the tool as intended should items be omitted and score reported out of total items administered (ie. non-functional or absent upper extremity, blind). Document rationale and process for any omissions or deviation from standardized protocol. ***In this situation, test norms or cutoffs are not valid.***

## Vision

- Ensure individual has their glasses
- Consider enlarging stimulus items.
- Use adaptive devices when appropriate (e.g. magnifier, large-print stimulus cards).
- Consider lighting in the test environment (bright, but ↓ glare).
- Consider the background color/surface you are testing on.
- Use a thick black marker pen for any test items requiring drawing/writing so that the individual can see what they are writing.

## Movement

- Do not deduct points for legibility if the client is writing with their non-dominant hand. If they are able to tell you what they have written, score based on report.
- For praxis tasks, if client unable to use/does not have relevant arm, use other arm.

## Communication

- Consider if referral to Speech-Language Pathology or Audiologist for assessment prior to proceeding is appropriate.
- Consider tools designed to compensate for circumstances (Oxford for aphasia; RUDAS for English as a second language)
- Consider if standardized screening is appropriate at all or if referral to Occupational Therapy for functional cognitive assessment is appropriate.
- Do not repeat questions unless administration guidelines indicate you may do so.
- Ensure individual has their hearing aid(s) or use a pocket-talker or voice amplifier (e.g. Ear Machine app) where appropriate.
- Reduce the amount of background noise in the environment.
- Adjust your rate, pitch, and volume of speech as required.
- Use visual/written cues and/or instructions, where allowed – if task is testing memory, do not write out words unless it is part of the test.
- For more resources on supporting individuals requiring support for communication refer to the [Communication Access](#) webpage. ([click on link](#)).

## *Language or Translation considerations*

- If your client is not proficient in English, strongly consider using an interpreter and a tool that was specifically developed for this purpose, such as the RUDAS.
- Interpreters can be obtained through the Language Line phone and video remote interpretation services, and in some cases, in-person.
- Review AHS Provincial Practice Guideline for Use of Interpretation Services.

When using an interpreter, consider the following:

- Make sure that the language spoken by the interpreter (including the dialect) is the same one with which the client is familiar.
- It is important to explain to the test taker that the interpreter is the facilitator and that you will be asking the questions. This may help to avoid confusion during the assessment.
- For in-person interpretation, it is better for the interpreter to sit next to the test administrator while the client sits opposite. This will reinforce the adjunctive role of the interpreter and make it easier for the client to synthesize the non-verbal cues from the test administrator and the verbal cues from the interpreter.

### *Wrapping up/Exiting*

Cognitive screening can be a stressful experience for clients. Upon completion of the screen, thank the client for participation, ask if they would like to know results and share what the next steps are. As appropriate, provide client with feedback on performance at a level of detail congruent with context (specific score or general performance).

#### **SAMPLE WRAP UP SCRIPT**

- *“It seemed like some of the items such as x/y/z were a bit tough for you but you did well on a/b/c.”*
- *“I need to go and add up all the points. I’ll come back later to let you know the results.”*
- *“I am going to score the screen and let your physician know. They will let you know the results when you see them.”*
- *“This screen gives us an idea of your strengths and where things were a bit more difficult. It might be helpful for us to look at things in more detail/have a more in depth assessment.”*
- *“Paper and pencil tests give us some information but it might be helpful to look at how your thinking skills apply to everyday activities.”*

### *Interpretation of Results*

- Score all items according to scoring guidelines, making note of anything out of the ordinary that occurs during the screen.
- Make note of any physical, psychological, environmental or contextual factors that may have influenced client performance (ie fatigue, pain, anxiety, frustration, distracting environment, interruptions, suboptimal effort.)
- Note strategies used by client (ie. scanning patterns, trial and error).
- If appropriate, make note of client's level of insight or impression of performance.

#### **SAMPLE QUESTIONS TO EXPLORE CLIENT'S LEVEL OF INSIGHT:**

- *How do you feel about the test? How do you think you did?*
- *Do you think you did the same, better or worse than other people your age/ with your condition?*

- Consider not only the deficits but also the client's strengths that could be utilized for compensation.
- Consider if further assessment is required
  - medical/diagnostic -> physician or psychologist/neuropsychologist
  - functional cognition -> occupational therapist
  - communication/cognitive communication -> speech-language pathologist