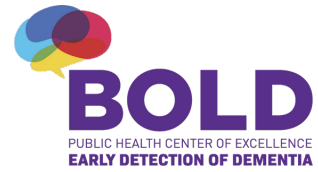


Navigating Pre-Screening Conversations



Preparing for cognitive screening is as important as screening itself. The process starts with creating time and space, having a positive framework, and knowing what to say. Using short, simple statements eases concerns.

OVERVIEW

Conversations about thinking and memory can be deeply personal. Awareness around possible sensitivities is crucial to a successful experience and new understanding. Otherwise, the conversation may be received as abrupt or intrusive. One person may be in search of answers or looking for help, but another may be unaware or want to avoid the issue.

Try using the following steps:

- Build Trust
- Use Positive Framing
- Attention to Your Body Language
- Prepare Short, Simple Statements

BUILD TRUST

Building trust is easier when you have prior interactions and know the patient, but that's not always possible. Making regular cognitive assessment "normal" along with other assessments common in clinical care – e.g., checking vision, hearing, blood pressure, gait and balance, sleep, nutrition, routine labs – would smooth the process. Then there's less need to focus on establishing the rationale, but the elements of a successful conversation remain the same. Trust comes from rapport with and communicating genuine concern for the patient as an individual. Trust strengthens relationship and a sense of safety. Strengthen the foundation of relationship of care over time by using a personal approach and treating the patient as a partner in their treatment and care.

Simple things help minimize distractions, like:

- Sit at eye level
- Make good eye contact
- "Check in" with questions like:
 - "Is this room/seat comfortable for you?"
 - "Am I speaking clearly enough?"
 - "What questions do you have about this?"

USE POSITIVE FRAMING

What you say leading up to an assessment can make it easier to explain the results in a positive way. Blood pressure screening provides a familiar and useful analogy. In one instance, the examiner might say, “Let’s check your blood pressure because if you have hypertension, it is important to get treatment. Elevated blood pressure can lead to strokes.”

This statement is true, but it creates unnecessary fear. By saying, “Can we check your blood pressure? This will tell us whether blood pressure is something we should work on as part of staying healthy.” The facts are the same, but reframing the issue turns the conversation in a positive direction.

Also note: “we,” not “you,” conveys partnership – “We are doing this together.” Asking whether a patient has concerns about memory, thinking, or changes in their ability to do everyday tasks and linking brain health assessments to conducting daily tasks makes the conversation about what matters to them, instead of personal worth or disability. It is a great place to start a conversation about cognition, as it makes the topic relevant to everyday life.

PAY ATTENTION TO YOUR BODY LANGUAGE

Paying attention to body language – your own and the patient’s – is a foundation of good clinical care. A warm, attentive, and unhurried manner go a long way toward easing difficult conversations, no matter what must be discussed. A few tips include directly facing the patient, making eye contact, offering undivided attention, keeping an open posture (e.g. arms uncrossed, palms open) and attending to signs of distress in the patient’s body language – posture, voice, and facial expressions.

PREPARE SHORT, SIMPLE STATEMENTS

Start the conversation with simple statements that help the process go more smoothly and lead to a better experience for everyone. Some people feel vulnerable when asked to perform mental tests – they may interpret them as tests of intelligence, ability, or personal agency. The process may incite a patient’s fears about loss of freedom, such as having their driver’s license revoked. Moreover, cognitive assessments can feel insulting because for them some questions seem too simple or obvious (even if the same questions will be hard for others).

PREPARE SHORT, SIMPLE STATEMENTS

Introduce a Conversation About Cognition: Sample Openers.

- Doing all that we can to keep our brains healthy is important for all of us.
- Sometimes we are concerned about our own ability to remember things.
- Sometimes other people seem more concerned than we are about ourselves.
- Do you have any concerns about this? If yes, can you tell me more about that?
- I want to do all I can to help you stay healthy.
- Do you know anyone who has trouble with their memory or thinking? Can you say more about that?

Prepare for Cognitive Assessment.

When preparing a general opening statement, it helps to include the following elements:

- Get permission, say why, and normalize the process.
- Convey respect and caring.
- Address any sensory changes that could negatively affect results of cognitive assessment (hearing or vision loss).
- Anticipate what will follow – explain the assessment procedure and how long it will take.
- Say what information you'll share afterward. This is especially important to avoid embarrassment if the respondent is unable to answer correctly.

GENERAL OPENING STATEMENT EXAMPLES

The statement below incorporates all of the elements of trust building, preparing, explaining what you are asking the patient to do and why, and anticipating the discussion of results afterward. Feel free to adapt it, making sure to include all eight elements.

Examples.

- "I would like to talk with you about your thinking and memory.
- Would that be OK with you?
- I want to start with a few questions to help me get a sense of how you are doing.
- This is something that I like to do with all my patients.
- It gives us a place to start, to know whether we should talk beyond just this conversation.
- Is where we are sitting comfortable enough for you?
- Am I speaking clearly enough for you to hear me without having to make an effort?
- OK! This should take us less than 5 to 10 minutes.
- Some of the things I will ask you may be very easy or obvious to you and some things may be more difficult. Shall we start?"

GENERAL OPENING STATEMENT: CONSIDERATIONS

“Am I speaking clearly enough for you to hear me without having to make an effort?” which is very different from saying, “Are you able to hear me OK?” The former places the responsibility (and potential criticism) on the examiner and the latter places it on the patient.

Clinicians need to be sure patients can hear well enough to be screened because poor hearing makes it harder for patients to demonstrate their true ability. When listening requires additional effort, clinicians need to eliminate background noise, ensure adequate lighting so the patient can augment hearing with lip reading and facial expressions (a universal part of understanding Conversations).

Having a personal amplifier, sometimes referred to as a “pocket talker”, is an effective mitigating strategy for patients with hearing loss.

Think too about vision loss – although it’s rarely so severe that it’s impossible for patients to do screening tests that involve a visual component.

CONSIDER THE CONTEXT

Cognitive capability exists on a continuum – even when overall cognitive function is impaired, each person has different strengths and weaknesses. Dementia represents a decline from a previous level of functioning, so prior functioning must always be taken into account.

Some situational influences can temporarily reduce performance on cognitive screening or assessment tools and lead to ‘false positive’ results.

Examples include:

- Preoccupation with worry unrelated to usual cognitive functioning (e.g., a seriously ill family member in the ICU).
- Major sensory or motor impairment.
- Unfamiliarity with test components due to very low education or low literacy.
- Clinical conditions that temporarily interfere with performance, such as acute illness or serious mood disorders.

CONSIDER THE CONTEXT

The simplest way to identify such potential interferences is to follow the conversational guidance provided above and observe the patient – when in doubt, ask: “You seem (worried) (like you’re not feeling well) today. Is there something I need to know?” If the clinician suspects any such interference, it’s usually better to defer screening temporarily until the situation stabilizes.

Other situations that can increase “false positive” results include very low education and long-term intellectual disabilities. Soliciting information about changes, from someone who knows the person very well, is especially important in these situations.

Conversely, some background factors can lead to “false negative” results on screening tests. An individual with mild cognitive deficits who is having a very good day, has high levels of education, or very high native cognitive ability can score in the normal range on screening tools. This does not rule out the presence of cognitive impairment – when there is concern, more detailed, lengthy assessment may be needed.

Refer to the "Navigating Post-Screening Conversations" infographic to learn more about discussion strategies in the result of a negative or positive screening.