3-589 Assessment tools and uncooperative resident

TIPS Question:

I have an 83-yr old resident with multi infarct dementia, COPD, and depression. How do I apply assessment tools (Cornell, MMSE) accurately when resident is uncooperative?

Response:

It is very difficult to administer any type of tool when the resident does not wish to cooperate. I think it is very important information that the individual does not want to have this assessment completed. It's true that you cannot have a nice, clean Folstein M.M.S.E. done with a total score out of 30, but you could have some of the information completed. Most importantly, you have the information that this person will not cooperate with the assessment. Talk to your care team and brainstorm on why this is. Be careful and don't assume that there is only one reason. Think about all the different reasons that this resident may not want to cooperate. Regard this behaviour as a symptom of a problem that the resident has that you can help with. Usually when someone is depressed they don't feel like doing anything that requires thought and energy. Are the answers "I don't know; I don't care; go away". Such answers as these are consistent with depression (see the Folstein and Clock Drawing summaries in the P.I.E.C.E.S. manual for discussion on typical responses by those with depression). Is the person too agitated to comply? We commonly feel that the person is too embarrassed because they don't know the answers. Is it the time of day, staff member, location of assessment, explanation of assessment that has resulted in this person not wanting to cooperate? Perhaps when some of these possible factors are altered, then the individual may become more cooperative.

There have been times that I have had to concede that there will be no completion of tools with certain individuals. I have felt that I would lose rapport and all chances of possible assessments if I continue to attempt to complete assessment tools. If I feel that the person will not cooperate with a Folstein M.M.S.E., then I jump to the Clock Drawing Test and at least gather some information regarding cognitive status.

The Cornell, at least, can be done largely through observation and use of caregivers/care providers. Be sure to write down the individual's actual responses. When interpreting the score: *describe* the resident's manner during the interview; give examples of answers and what type of profile the person has (which areas he/she scored highest). If you cannot complete all portions of the assessment tools, its O.K. Be careful in allowing the score to exclusively lead your clinical thoughts.

If you spend time with the resident and work on rapport, over time you may be able to complete the tools. This would be a great tactic, as the resident would probably benefit as much from the attention as they would from the completed assessment.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*