



## In Search of the Neuropsychological Evaluation

By *Laetitia Thompson, PhD*

Intact cognitive functioning is necessary for a physician to practice medicine in a safe and competent manner. But how do you determine whether a physician possesses those cognitive abilities? Self-report of functioning is one way. However, it correlates better with psychological/emotional functions versus objective performance.

Neurological exams often include a Mental Status Exam. This is a very brief test that can be performed normally by cognitively impaired individuals. The Mental Status Exam may be something the physician has actually given for many years. Unfortunately, this may result in the assessment not being valid.

Occupational and speech therapy evaluations provide important aspects about an individual's basic cognitive, speech, and language functioning. However, they typically do not provide a comprehensive evaluation of high-level cognitive and mental functions of the type required for the practice of medicine.

A neuropsychological evaluation is a comprehensive way to obtain detailed and precise information about a physician's cognitive strengths and weaknesses. A typical evaluation involves several hours of behavioral testing in:

- Attention
- Concentration
- Learning
- Memory
- Language comprehension and expression
- Reasoning
- Problem solving
- Planning and organizing
- Visual/Spatial perception
- Sensory-Motor functioning

The evaluation also includes testing of basic academic skills in reading, spelling, and math. In addition, a screening test or two for psychopathology may be included.

Neuropsychological tests are standardized instruments developed to be sensitive to changes in high-level brain functioning. Most tests have been "normed" on individuals without any suspected impairment or history of illness or injury. Such norms are helpful in evaluating well-educated, high level professionals such as physicians. Norms allow an analysis of whether an older physician's performance is a reflection of normally expected age-related changes or abnormal impairment.

### What Professional is Best To Use

There are no specific required degrees or licenses to practice since neuropsychology is considered a subspecialty of psychology. The only state that licenses neuropsychologists is Louisiana. To determine competence, look for Board certification in neuropsychology through the American Board of Clinical Neuropsychology or the American Board of Professional Neuropsychology. Because Board certification is relatively new to the field, there are still many well-qualified professionals not Board certified. Referrals from physicians, psychologists, or university departments are helpful. Also, look for a professional who is experienced and comfortable in evaluating physicians and other high level professionals and who is willing to assess the impact of any impairment on the physician's ability to practice. •

*Dr. Thompson is the Director of Neuropsychology Laboratory at the University of Colorado Health Sciences Center. She is an associate professor of psychiatry and neurology.*

### POSSIBLE INDICATORS FOR NEUROPSYCHOLOGICAL TESTING:

- **Short-term memory problems**
- **Losing items frequently**
- **Confusion**
- **Poor decision making**
- **Poor attention and concentration**

Source: Cleveland Clinic Journal of Medicine. Vol. 70. No. 9. Sept. 2003

## The Value of Cognitive Screens

By Deborah T. Waugh, L.C.S.W

Imagine this scenario: The Board receives a call from a small hospital. They placed their only obstetrician/gynecologist, "Dr. Obs," on a leave of absence after he delivered a stillborn infant. An investigation finds that despite ominous fetal monitor signs, Dr. Obs allowed the patient to deliver vaginally. A chart review proves inconclusive. The hospital also reports there had been staff complaints about Dr. Obs' appearance during rounds - clothing was disheveled and stained. As a result of his CPEP assessment, Dr. Obs is directed for neuropsychological testing because of slow responses on a cognitive screen. Multiple infarcts are found and Dr. Obs retires from practice.

Several years ago, Harvard Medical School developed **MicroCog™**, a computer-based assessment of cognitive skills. Originally intended for use with an aging population, CPEP uses it as a screening test to determine which physician-participants should be given a complete neuropsychological workup. The tool screens for gross problems with memory and attention.

The one-hour screen evaluates a number of "thinking activities." These include: attention, short-term and delayed memory, visual-spatial abilities, speed and accuracy. The physician is presented with mathematical calculations, story problems, and responses to verbal or auditory stimuli. Test sections become easier if a physician struggles with answers. Conversely, questions become more challenging if the physician answers with ease.

Potential concerns identified through this screening process are fascinating. For example, an invasive cardiologist's non-essential tremor was picked up. Further testing found that this tremor could have serious consequences in the surgical setting. The physician chose to restrict his practice to non-invasive work.

A 45 year-old internist was diagnosed with dementia, possibly early-onset Alzheimer's, and was able to seek early treatment for this frightening and debilitating diagnosis. In another situation, an anesthesiologist's ability to respond quickly to new information was questioned after her screen showed problems in this area.

Why does CPEP direct physicians for any recommended neuropsychological evaluation *prior* to starting an Education Plan? Any concerns with the physician's cognition impacts their ability to successfully engage in an Education Plan. The ability to learn and modify one's approach to practice is critical to successful completion of the plan.

In CPEP's experience, ten to fifteen percent of our participants fail the cognitive screen. Some physicians

are diagnosed with conditions that can be treated or monitored. Others have conditions that will require limiting their scope of practice or necessitating a leave of medicine all together. •

*Ms. Deborah Waugh is the Director of Program Services at CPEP.*

### UPCOMING CPEP COURSES

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**August 6 and December 3, 2004**

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*Leadership Communications for Physicians*

**October 4, 2004**

**7:30am – 4:00pm, Denver, CO**

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### CPEP NEWS

**April 2004 – Dr. Martha Illige and Ms. Deborah Waugh** provided testimony regarding a physician's Assessment conducted in 2003 at the request of the Oregon Board of Medical Examiners. The physician contested recommendations for further education. The Oregon Board attorney said their testimony demonstrated the value of the Assessment Report.

**Questions about CPEP programs or to suggest topics for the E-Bulletin contact:**

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