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The Draw-A-Clock Contest: A Strategy for Improving Cognitive Status Assessment by Trainees

Sheldon Benjamin  
*University of Massachusetts Medical School, sheldon.benjamin@umassmed.edu*

Edith Kaplan  
*Suffolk University*

Margo D. Lauterbach  
*Sheppard Pratt Health System*

*See next page for additional authors*

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The Draw-A-Clock Contest: A Strategy for Improving Cognitive Status Assessment by Trainees

Sheldon Benjamin, MD  Edith Kaplan, PhD a  Margo D. Lauterbach, MD b  Jordan Eisenstock, MD
Daniel Schneider, MD  Nabil D. Ali, MD  John F. Sullivan, MD  and Ankur A. Butala, MD
Neuropsychiatry Program, Department of Psychiatry, UMass Medical School, UMass Memorial Healthcare Worcester, MA
Department of Psychology, Suffolk University, Boston MA
Neuropsychiatry Program, Sheppard Pratt Health System, Baltimore MD

a Department of Psychology, Suffolk University, Boston MA
b Neuropsychiatry Program, Sheppard Pratt Health System, Baltimore MD

ABSTRACT

Background: Historically, psychiatrists have been less inclined than neurologists to utilize pencil and paper tasks during bedside cognitive assessments.

Objective: The Draw-A-Clock Contest was established in 1986 at the University of Massachusetts to promote use of cognitive assessment tasks by psychiatry residents.

Methods: Used in neuropsychological assessments since the 1930’s, clock tasks have been popular screening tools for executive function, praxis, visuospatial and constructive ability, often as part of dementia screening. Given its broad utility as a screening tool and the ease and speed of its administration, the Draw-A-Clock task (with hands set to 10 after 11 and no circle provided) was selected for use by UMass psychiatry residents, with further bedside assessment encouraged to explore any detected deficits. To encourage participation and foster clinical inquiry, residents are asked to submit clinically interesting de-identified patient clocks. For 20 years, clock contest entries have been collected each spring, with basic demographic, diagnostic, and process notes. Resident names are encoded, and entries are judged by a neuropsychiatrist (SB) and a neuropsychologist (EK). A “clock trophy” (Fig. 2) and detailed analysis of the submission is presented to the winner at the annual graduation banquet. Examples of winning clock entries and the years they were submitted are presented in Figure 1.

FIGURE ONE: SELECTED WINNING ENTRIES TO DRAW-A-CLOCK CONTEST

55-year-old woman with schizophrenia, presented to ED with delusions (longstanding med toxicity). Clock drawn as part of ED exam. CT later showed right frontal metastases from unknown primary.

Reason for selection: A reminder to trainees that one can have significant cognitive deficits and still score 10 on the MMSE, which is no substitute for thorough cognitive status assessment.

A clock was submitted by a senior faculty member. Though the draw-a-clock trophy is intended for residents only, this example was felt to teach such issues. The most dramatic example of stimulus bound behavior, consistent with right frontal dysfunction. A reminder that there may have been other prior left partial strokes.

55-year-old woman with recent left parietal stroke.

Reason for selection: demonstrates numerous findings including preservation of the right hemisphere and its contribution to the task with numbers most likely in left hemifield and following a circular path; and the suggestion of hands at 11/10 in the second circle consistent with right frontal degradation seen in the elderly.

75-year-old woman with recent left parietal stroke.

Reason for selection: crystallizes the concept that a left hemisphere must be evaluated in relation to one’s hemifield and ability to process a circle in the opposite hemisphere.

FIGURE TWO: DRAW-A-CLOCK AWARDS

REFERENCES:

Van der Horst L. Constructive Apraxia: Psychological views on the conception of space, Journal of Nervous and Mental Disease, 20 (1934) 489-500.