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

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

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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 de-identified patient clocks. For 20 years, clock contests have been used to follow effect of pharmacological treatment of Alzheimer disease.

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

55-year-old woman with schizophrenia presented to ED with confusion (suspected med toxicity). Clock drawn as part of ED exam. CT later showed right frontal metastasis from unknown primary. Dr. Kaplan commented, “...the most dramatic example of stimulus bound behavior suggestive of right frontal pathology that I have ever seen.” Reason for selection: Superimposition of right frontal deficits on baseline frontal syndrome of schizophrenia.

55-year-old nurse with chronic alcohol dependence sustained IR with anoxia, and developed Wernicke’s encephalopathy and delirium tremens. A through F are daily clocks done days 1 through 6. G was drawn a few days later, approximately day 8. Reason for selection: Progression of clocks dramatically illustrate the superimposition of delirium tremens on presumed anoxic damage, with increasing perseveration and automatized writing. They make a graphic snapshot of progressive cognitive dysfunction.

75-year-old woman with recent left parietal stroke. Reason for selection: demonstrates numerous findings including preservation of the right hemisphere contribution to the task with numbers mostly in left hemifield and following a circular path; and the suggestion of hands at 9/10 in the second circle consistent with right frontal degeneration seen in the elderly.

RESULTS: As a result of this contest, mental status examinations by trainees have become more comprehensive and an atmosphere of neuropsychiatric inquiry has been maintained. Faculty members have also incorporated this task into their mental status assessments, thus establishing a culture of cognitive inquiry and an academic tradition.

CONCLUSION: The Draw-A-Clock contest helped promote a change in the UMass Psychiatry Residency Program toward a culture of cognitive assessment and neuropsychiatric inquiry in an engaging fashion.

REFERENCES: