

Testing the testers: survey of medical trainees' knowledge of the Montreal Cognitive Assessment (MoCA)

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Introduction

It often falls to doctors in training to administer the MoCA to patients, particularly on medical and psychiatry wards, so it is important that this group is able to accurately administer and score it. In addition, these doctors frequently rotate every 3-6 months, which highlights the importance of regularly reviewing their ability to do so.

In our clinical work on an old age psychiatry ward, we noticed that junior doctors who stated they knew how to administer the MoCA would frequently make errors. Additionally, legal challenges have been mounted, triggered by concerns that the MoCA is being inconsistently applied¹.

In light of this, we devised a study to identify and quantify these errors and explore whether feedback and guidance on administration and scoring of the MoCA would result in improved results.

Aims of the study

- To investigate how accurately trainees score the MoCA
- To investigate the effect of training on the accuracy of scoring a MoCA

Methods

- We showed a video of a 'mock' MoCA to trainees in a psychiatric teaching hospital in December 2019 and asked them to score the performance of the 'patient'
- We analysed the accuracy of the scoring among 16 trainees
- The task was repeated in January 2020 with 14 trainees, after the group had received feedback and a brief tutorial on MoCA administration and scoring

Results

- The "correct" score for the mock patient was 20/30 in both Dec 2019 and January 2020
- In the initial group the range of scores was 18 to 25, with a mean of 21.4 and standard deviation of 1.73
- After feedback on administration and scoring, the scores of the second cohort (Jan 2020) ranged from 19 to 25, with a mean score of 20.6 and a standard deviation of 1.49

Table 1 – MoCA total scores (correct score in both Dec 2019 and Jan 2020 was 20/30)

	Dec 2019	Jan 2020
Mean score	21.4	20.6
S.D. (range)	1.73 (19.7 – 23.1)	1.49 (19.1 – 22.1)

Fig 1: of MoCA scores pre-teaching (Dec 19) and post-teaching (Jan 20)

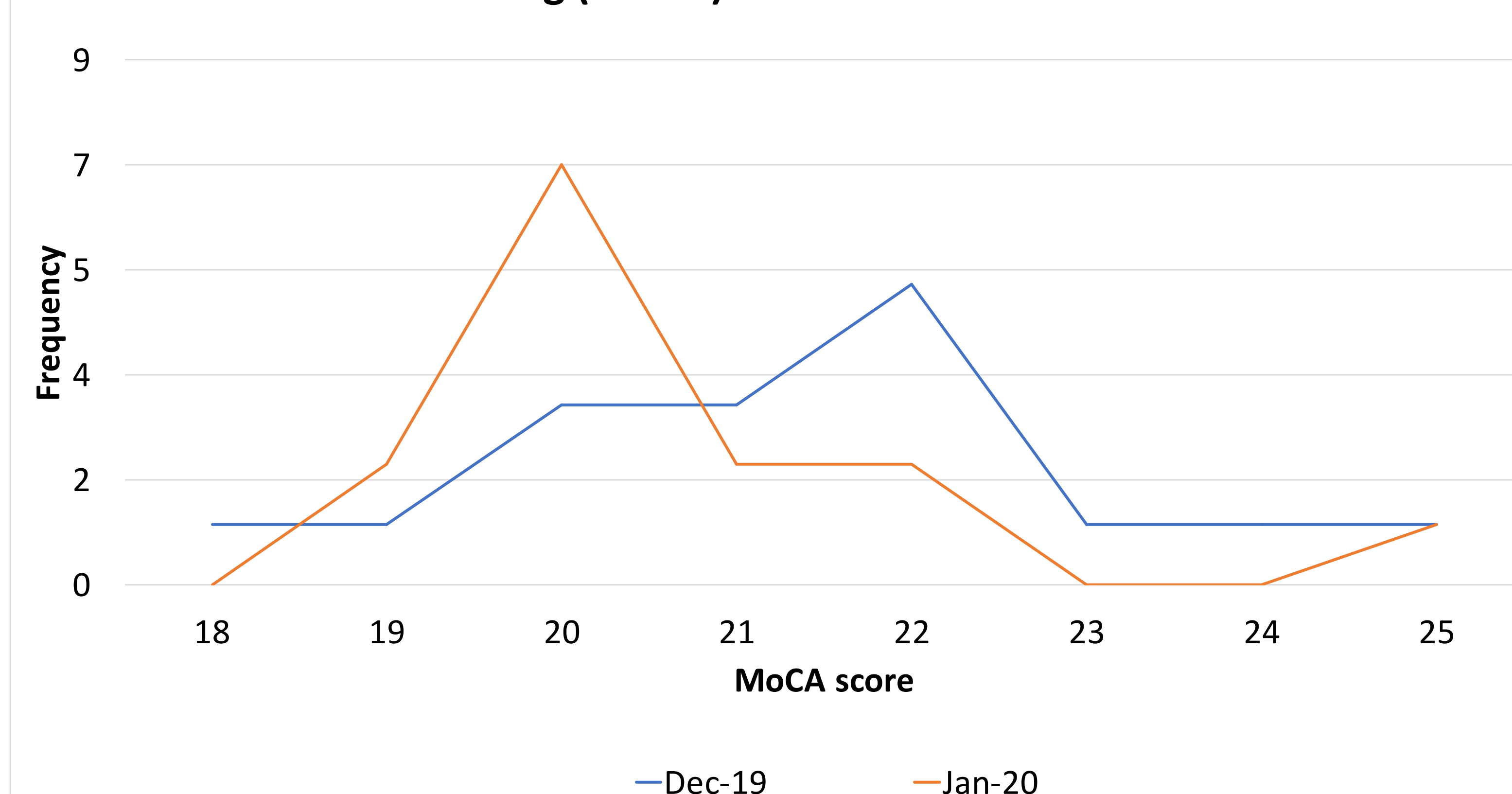
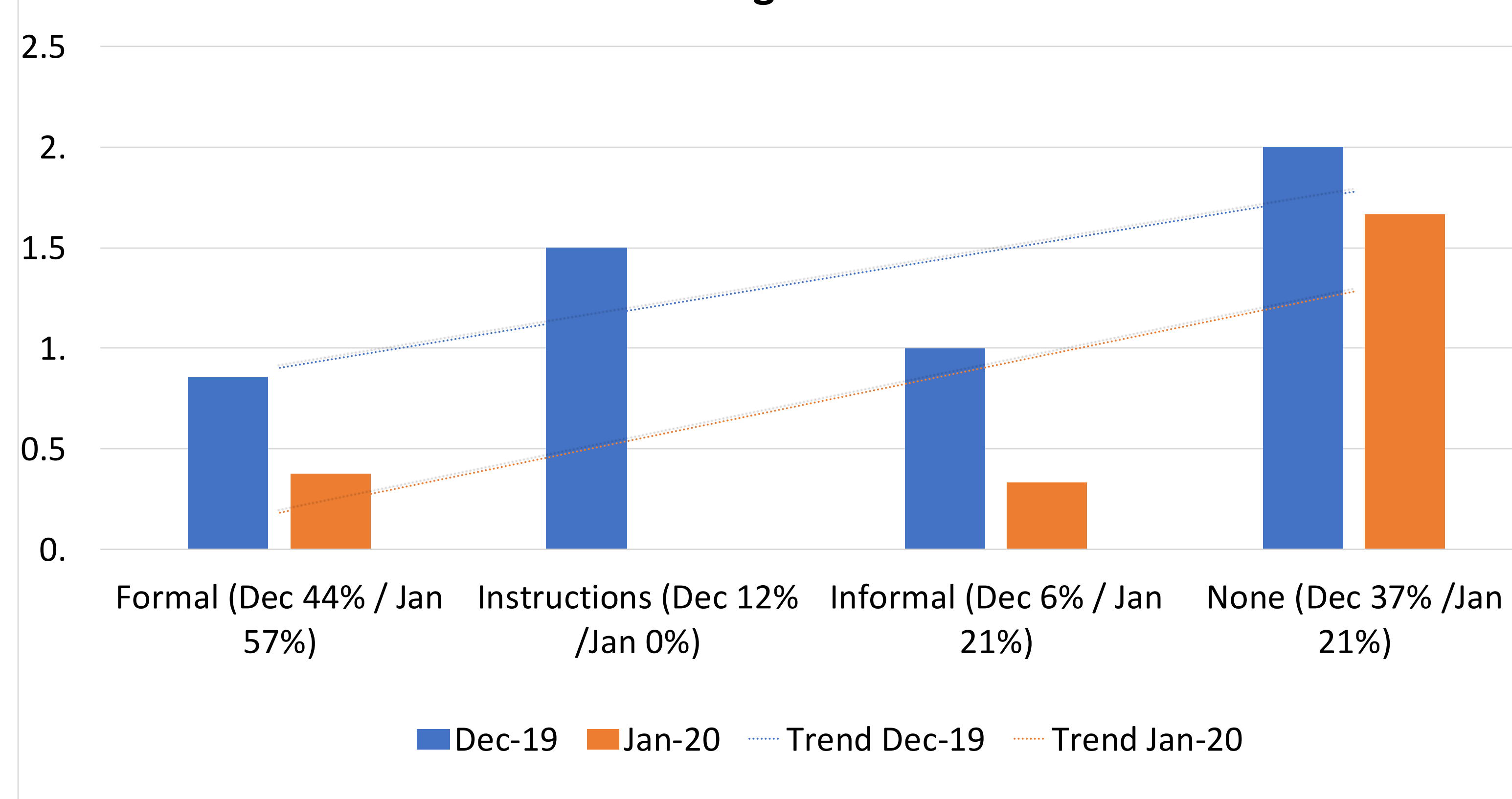


Fig 2: Mean difference from the target score (20) grouped by level of training



Conclusions

- Our study highlighted the significant degree of variation in accuracy of scoring of the MoCA between trainees and as such, trainees and supervisors should not take knowledge of the MoCA for granted
- There was an improvement of performance following training and giving feedback on a 'mock' MoCA interview appears to be effective in improving trainees' knowledge
- In both cohorts, more formal experiences of training in the MoCA resulted in more accurate results
- We advise specific training is provided before trainees administer and score the MoCA to patients in a clinical setting

References

1. Nasreddine, Z.S. (2020), MoCA Test Mandatory Training and Certification: What Is the Purpose?. J Am Geriatr Soc, 68: 444-445. <https://doi.org/10.1111/jgs.16267>