Queensland Health

Clinical Task Instruction

Skill Shared Task

S-CP02: Conduct a basic assessment for perceptual problems and provide a basic/bridging intervention

VERSION CONTROL

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Acknowledgements:	Metro South Hospital and Health Service		

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp

Please check https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp for the latest version of this CTI.

Scope and objectives of clinical task

This CTI will enable the health professional to:

- determine if a basic assessment for a perceptual problem is indicated and appropriate for the client.
- safely and effectively assess for common perceptual problems, and record and interpret results.
- develop and implement a plan to address identified perceptual problems, including supporting the team's decision-making with regard to safety, providing standard education on compensatory strategies for visuo-spatial problems and referring to other health professionals for comprehensive assessment/review if required.

Note 1: this CTI provides learning resources for the screening of perceptual problems using the Montreal Cognitive Assessment (MoCA). Health services may substitute or use additional tools to complement the task. For example, Standardised Mini-Mental State Examination (SMMSE) and clock drawing test, Block Design Test, Rey Figure Copying Task, Visuospatial drawing or construction test, Line Bisection Test.

The local health service will determine which standardised tools are included in the scope for the skill shared task. Professionals with expertise in this clinical area and relevant service managers will guide the decision-making on tools included in the scope of the skill shared task implementation. If additional or alternative tool/s are integrated, the training and competency assessment plan for these tools should be clearly recorded on the Performance Criteria Checklist.

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- Montreal Cognitive Assessment training and certification. Available at: https://www.mocatest.org/ if the MoCA is planned for use in the local service. From 1 September 2020 MoCA Test Inc allows registered users to access the downloadable and app-based MoCA only if they have completed an online training and certification course delivered by the company.

Clinical knowledge

- To deliver this clinical task a health professional is required to possess the following theoretical knowledge:
  - the risk factors associated with developing perceptual problems for the local client cohort.
  - understand and identify from medical records and client observation, the common clinical features that may indicate perceptual problems.
  - the rationale, purpose, benefits and limitations of a basic assessment for perceptual problems, including the MoCA and any additional tools considered in scope for the local service.
  - common strategies used to manage perceptual problems, including the rationale, limitations and risks associated with each intervention.

– the evaluation processes used to determine the effectiveness of strategies implemented for visual perceptual and visual spatial problems.

- The knowledge requirements will be met by the following activities:
  - complete the training program.
  - review of the Learning Resource.
  - receive instruction from the lead health professional in the training phase.
  - read and discuss the following references/resources with the lead health professional at the commencement of the training phase:
    - local resources used to support basic/bridging interventions and the service model, including workplace instructions, referral pathways for optometry review and comprehensive perceptual assessment and client education resources/handouts.

Skills or experience

- The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:
  - **required** by a health professional in order to deliver this task:
    - able to undertake or attain competency in the assessment of light touch and sharp blunt sensation testing to the hand.
  - **relevant but not mandatory** for a health professional to possess in order to deliver this task:
    - experience providing functional rehabilitation programs.

Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which they will deliver this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI, but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- The client is identified as having problems with perception, including reported or observed difficulty with activities of daily living that is unexplained by neuromuscular deficits. Problems that may indicate a perceptual problem could include:
  - repeatedly knocking over items when reaching for them.
  - an inability to locate or identify common objects in the environment.
  - using objects inappropriately or incorrectly.
  - not responding to stimuli in or on one side of the environment or body.
  - difficulty reading or writing.
  - difficulty judging distance or direction when walking or driving.
  - incomplete or aberrant performance of personal activities of daily living (grooming, showering, dressing).
- The client is medically stable e.g. the medical record indicates the client is stable, vital signs are within expected limits, or the client is living in the community and is not acutely unwell.

Limitations

- The client has obvious or known perceptual problems. This may include significant one-sided neglect of a limb, ignoring or not engaging with items on the affected side or an inability to cross the midline when reaching or turn the head when prompted.
- The client is or has signs of being acutely unwell e.g. temperature outside normal values, signs or symptoms of hypoglycaemia, excessive sweating, pallor, trembling, jaundice, observed or reported decision-making or behaviour that is out of character, including hallucinations (auditory, visual or sensory). These signs may be related to other health conditions, for example a urinary tract infection, cerebral vascular accident or a head injury. If the presentation is recent or worsening implement acute care management processes such as contacting the Queensland Ambulance Service, general practitioner or ward staff. In consultation with relevant health professionals, determine if basic assessment for perceptual problems is indicated at this time.
- The client's ability to participate in a basic assessment for perceptual problems may be impacted by pre-existing conditions, including intellectual impairment, mental illness, neurological injury (stroke/cerebrovascular accident, acquired brain injury), pain or a history of drug and/or alcohol abuse. The client must, at a minimum, be able to follow single step instructions appropriately when given adequate time for safety and to adhere to the testing guidelines. If the impact of a pre-existing problem is unclear, liaise with a health professional with expertise in the task. Clients should not be assessed by the skill share-trained health professional if they have a history of or observed impulsive behaviours that could place the client or health professional at risk of injury.
- To perform the writing/drawing tasks the client must at a minimum, be able to hold a writing implement. For clients who cannot complete the writing/drawing tasks, complete the verbal questioning components of the screening tool.
- The client has a new or significant change to their vision. This may include loss of an eye, being legally blind or reduced vision due to macular degeneration and/or cataracts – see Learning resource. The client, at a minimum, must have adequate vision to see the assessment form placed on the table in front of them and read the instructions for testing as part of completing the task i.e. see animal images and read the letters, numbers on the trail making test.
- The client is known or appears to not have basic literacy or numeracy skills sufficient to complete the task.
- Assessment includes determining a client's capacity to drive. Driving capacity assessment can only be completed by a health professional with expertise in the task.
- The client is under 18 years of age. This CTI is focused on the adult client additional resources, training and skills are required to assess children.

Safety and quality

Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
  - perceptual problems include neglect, visual inattention, agnosia, visual spatial loss and apraxia, increasing the risk of injury such as skin tears and loss of balance/falls. The client should be supervised for safety at all times during the assessment process. The task should be ceased if the risk of harm is beyond minor/ negligible.

- the ideal time to test clients is when they are most alert, for example in the morning after showering. For clients who are displaying signs of fatigue, drowsiness or poorly managed pain, consider rescheduling the test at a time when the client is likely to be more alert.
- the client may be unable to attend to the task due to poor attention, being disorientated, confused, forgetful, easily distractible or emotionally labile. This may be due to executive function problems or emotional stressors including grief, stress or anxiety. Clients who are unable to follow instructions for safety should not be assessed (see Limitations).
- clients must be able to communicate answers that can be understood by the interviewer. Compensatory strategies for communicating may include pacing, a speech board or providing pen and paper. If compensatory strategies are used during the task, document these as part of recording results. If suitable strategies cannot be identified or the impact on the test result is unclear, liaise with a health professional with expertise in the task.
- carers or family members may be present during testing to provide comfort and/or support. Prior to commencing testing instruct the carer to avoid prompting the client, either verbally or with gestures, as this will invalidate the test results.
- non-English speaking clients should complete testing with the use of an interpreter. Confirm the language spoken by the interpreter is one the client is familiar with e.g. same dialect. The interpreter should be instructed to relay the questions and answers in a simple and objective manner which offers no additional assistance to the client. The use of an interpreter should be documented as part of recording the test results.
- the use of any compensatory strategies must comply with the testing protocol and should be documented to support the interpretation of test results e.g. a clock drawn with the non-dominant hand may be poorly executed but still include the essential required elements.

Equipment, aids and appliances

- Any changes to the standard testing protocol for the test will reduce its validity and reliability. The testing procedure and guidelines should be strictly applied, including the use of standard question phrasing, time limitations, or use of prompts and self-correction – see the Learning resource.
- As part of testing, clients will need to respond to visual and verbal questioning. If the client usually requires a magnifying glass, glasses or hearing aids, ensure these are in working order and used/worn.
- For perceptual testing, equipment should be placed directly in front of the client i.e. in the midline, not to one side.

Environment

- Testing should be conducted in a quiet location that provides privacy. This includes minimising background noise and distractions e.g. close curtain/door, turn off the radio/TV, request visitors sit outside and wait whilst testing occurs.

Performance of clinical task

1. Preparation

- Local template/s and record sheets
- 2 pens (if completing a MoCA).

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

3. Positioning

- The client's position during the task should be:
  - sitting comfortably in a supportive chair with a table in front to match the testing protocol.
- The health professional's position during the task should be:
  - sitting opposite or beside the client to match the testing protocol.

4. Task procedure

- The task comprises the following steps:
  1. Determine the client's suitability to undertake a basic assessment for perceptual problems using the information from the medical chart, subjective history and observation. See Indications and Limitations section and the Guide to conducting a history for the basic assessment of perceptual problems (Part A) in the Learning resource.
  2. Perform basic visual field screening and identify any deficits. See elements of a perceptual Basic visual field screen (Part B) in the Learning resource.
  3. Administer the MoCA and if relevant, any additional tools required by the local service model.
  4. Calculate and interpret results of the MoCA using Figure 1: Decision support tool to interpret the MoCA as part of a basic assessment for perceptual problems, in the Learning resource.
  5. Determine if the client would benefit from a basic/bridging intervention/s to improve identified visuo-spatial and/or visual-perceptual problems. See the Learning resource and required readings.
  6. Select appropriate basic/bridging intervention/s considering the client's goals, impact on independence and safety of task performance.
  7. Discuss and develop a plan with the client and carer for safety and risk management including compensatory strategies and further assessment. See Figure 1: Decision support tool to interpret the MoCA as part of a basic assessment for perceptual problems, in the Learning resource.
  8. Implement the plan by providing education, including demonstration (if required), for each intervention. Observe the client and carer using the prescribed intervention. Provide

feedback for training effectiveness. Make any adjustments to the plan to improve performance and maintain safety.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
  - during the basic visual field screen:
    - observe for head movement instead of moving the eyes. Pause and prompt the client to keep their head still and repeat the direction of testing movement.
    - the client may close one eye to improve their focus. Determine if this is due to double or blurred vision. If it is not, repeat testing with both eyes open. If it is, repeat the test patching the eye the client closed to determine if a perceptual problem is present.
    - the client may bring objects closer or further away to improve focus, such as picking up the paper and positioning it closer to their face or off to one side. Perform the test within the client's preferred visual range and document observations as part of recording results.
  - for MoCA to ensure reliability the following procedural components are required:
    - use the written instructions as per the guideline for each test item. Do not alter phrasing by adding or changing wording.
    - record the client's first response to each item.
  - the MoCA is a screening tool for mild cognitive and perceptual impairment. Clients can become anxious about cognitive/perceptual testing. This may occur with elderly clients who are concerned about how the results may impact their independence and influence decisions about their healthcare. Provide encouragement and support and further discuss the purpose of testing i.e. the screening tool supports healthcare planning and is not a diagnostic tool. It may also be beneficial to engage the support of a carer to reduce anxiety. If anxiety inhibits task performance, cease the task and develop a plan for assessment e.g. at another time, place, or with another health professional.
  - if during the task the client becomes tearful, states feelings of worthlessness or disengages, cease the task and provide reassurance. If the client settles, recommence the task. If client's concerns persist, cease the task and develop a management plan. This may include rescheduling the task, liaising with the health care team about observations, accessing further screening and/or assessment by a health professional with expertise in cognition, mood and/or perception. If the plan is unclear, consult with a health professional with expertise in the task
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above.

6. Progression

- Task progression strategies include:
  - as perceptual problems may develop or change over time, repeat assessment may be required, for example when the client's health and/or circumstances change.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with relevant documentation standards and local procedures. For this task information should include:
  - indication for undertaking a basic assessment for perceptual problems.
  - process undertaken and outcomes including the name of standardised testing. For MoCA this may include score adjustment for schooling level, incorrect responses for sub-task areas. For visuospatial activities record if the task was attempted and the quality e.g. partly or poorly completed.
  - relevant observations of the client's performance, including the use of compensatory strategies e.g. use of non-dominant hand during writing task.
  - management plan to address any deficits identified in perception, including provision of education, referral for comprehensive assessment or mitigating strategies implemented to maintain client safety.
- The skill shared task should be identified in the documentation as "delivered by skill share-trained (*insert profession*) implementing CTI S-CP02: Conduct a basic assessment for perceptual problems and provide of basic/bridging intervention" or similar wording.

References and supporting documents

- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

S-CP02: Conduct a basic assessment for perceptual problems and provide a basic/bridging intervention

Name: **Position:** **Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	*Date and initials of supervising AHP*	*Date and initials of supervising AHP*
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for the task including collecting correct equipment for the planned test e.g. recording form, pens and/or eraser, stop-watch.			
Describes the task and seeks informed consent.			
Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant.			
Delivers the task effectively and safely as per the CTI procedure, in accordance with the Learning Resource. a) Clearly explains and demonstrates the task, checking the client's understanding. b) Determines the client's suitability to undertake a basic assessment for perception. c) Performs basic visual field screen and identifies any deficits using elements of a Basic visual field screen (Part B) in the Learning resource. d) Administers the MoCA and if relevant any additional tools required by the local service model. e) Calculates and interprets results of the MoCA using Figure 1 in the Learning resource. f) Determines if the client would benefit from a basic/bridging intervention/s. g) Selects appropriate basic/bridging intervention/s considering the client's goals, impact on independence and safety of task performance. h) Discusses and develops a plan with the client and carer for safety and risk management including compensatory strategies and further assessment.			

i) Implements the plan by providing education, including demonstration (if required), for each intervention. j) Observes the client and carer using the prescribed intervention. k) Provides feedback for training effectiveness. Makes any adjustments to the plan to improve performance and maintain safety. l) During the task, maintains a safe clinical environment and manages risks appropriately.			
Monitors for performance errors and provides appropriate correction, feedback and/or adapts the task to improve effectiveness, in accordance with the clinical reasoning record.			
Documents in the clinical notes including reference to the task being delivered by the skill share-trained health professional and CTI used.			
If relevant, incorporates outcomes from the task into an intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			
Demonstrates appropriate clinical reasoning throughout the task, in accordance with the Learning Resource.			

Notes on the scope of competency for the health professional

The health professional has been trained and assessed as competent to deliver the following screening tools:

□ MoCA

□ _____

Comments:

Record of assessment competence:		
Assessor name:	Assessor position:	Competence achieved: / /
Scheduled review:		
Review date: / /		

S-CP02: Conduct a basic assessment for perceptual problems and provide a basic/bridging intervention

Clinical reasoning record

- The clinical reasoning record can be used:
  - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
  - after training is completed for the purposes of periodic audit of competence.
  - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none - omit.

3. Task indications and precautions considered

Indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional	**Lead health professional (trainer)**
Name:	Name:
Position:	Position:
Date this case was discussed in supervision:	**/ /**
Outcome of supervision discussion:	e.g. further training, progress to final competency assessment

Conduct a basic assessment for perceptual problems and provide a basic/bridging intervention: Learning resource

Required reading

General

- Jutai J, Foley NC, Bhogal SK, Bayley M (2003). Treatment of visual perceptual disorders post stroke. Topics in Stroke Rehabilitation 10(2):77-106. Available at: https://www.researchgate.net/
- Plummer P, Morris ME, Dunai J (2003). Assessment of unilateral neglect. Physical Therapy 83(8): 732-740. Available at: https://doi.org/10.1093/ptj/83.8.732.
- Stroke Association (2017). Visual problems after stroke. Available at: https://www.stroke.org.uk/sites/default/files/visual_problems_after_stroke.pdf
- Stroke4carers (n.d.) Perceptual problems. Available at: https://www.stroke4carers.org/?p=349
- Toronto Stroke Networks (2016). How to manage perceptual problems. Available at: http://strokerecovery.guide/perceptual-issues

MoCA

- Montreal Cognitive Assessment training and certification. Available at: https://www.mocatest.org
  Note: From 1 September 2020, MoCA Test Inc will allow registered users to access the downloadable and app-based MoCA only if they have completed an online training and certification course delivered by the company.

Basic bridging strategies

- Toronto Stroke Networks (2016). How to manage perceptual problems. Available at: http://strokerecovery.guide/perceptual-issues

Example client education resources

- Client resources chosen for required reading will be determined by the local service and may be general or related to specific client groups. The following is provided for learning purposes.
  - Stroke Foundation (2013). Sensory and perceptual skills. Available at: https://strokefoundation.org.au/Blog/2015/05/20/Sensory-and-perceptual-skills

Queensland Health employees only

- Darling Downs Health (2018). Neglect. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0023/418109/fact-662.pdf
- For clinical use, the local recording form should be accessed using the relevant local form processes. For learning purposes, examples can be viewed at:
  - Queensland Government (2014). Occupational therapy visual perceptual screening v2.00 – 09/2014. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0029/417746/mr16azc.pdf

- Cognitive screening assessment tools. Available at: https://qheps.health.qld.gov.au/caru/networks/dementia/cognitive-impairment-screening-toolkit/assessment-tools

Optional reading

- Beaudoin AJ, Fournier B, Julien-Caron L, Moleski L, Simard J, Mercier L, Desrosiers J (2013). Visoperceptual deficits and participation in older adults after stroke. Australian Occupational Therapy Journal 60:260-266. Doi: 10.1111/1440-1630.12046 Available at: https://rdcu.be/bP5bp
- Canadian Stroke Best Practices for Stroke Rehabilitation (5th Ed) (2015). 8. Rehabilitation of visual perceptual deficits. Available at: https://www.strokebestpractices.ca/recommendations/stroke-rehabilitation/rehabilitation-of-visual-perceptual-deficits
- Synapse Australia's Brain Injury Organisation (2019). Brain injury effects: Sensory & perceptual problems after a brain injury. Available at: https://synapse.org.au/information-services/sensory-perceptual-problems-after-a-brain-injury.aspx

Guide to conducting a history for the basic assessment of perceptual problems

It is often beneficial to complete objective/observation components of the basic assessment for perceptual problems whilst concurrently completing the subjective history. Sections of the visual field screen can be completed in sitting and communicating either verbally or through gestures (pointing). This approach also allows for the assessment to be paused so that rest breaks can occur.

Subjective history (Part A)

- Does the client have neuromuscular problems, including pain, deformity, weakness or poor movement? This may be due to Parkinson's Disease, arthritis or a stroke. Clients with these conditions may also have concurrent perceptual problems. To assess writing tasks, compensatory strategies can be used, such as side-lying in bed, taping the paper to the desk to prevent movement, providing a pencil grip or thick marker to support 'writing' or having the client use the non-dominant hand. See Limitations.
- Does the client have a visual diagnosis including cataracts, glaucoma, macular degeneration or colour blindness? Has the client observed, perceived or experienced any peripheral vision loss. Establish the time frame of onset and if any acute changes have been noted. Acute changes to vision include increased blurriness, double vision, black spots or missing areas, glasses no longer being effective, new eye symptoms of itchiness or discharge or changes to the appearance of the eyes including swelling, redness or the eyes no longer aligning. If vision problems are present an optometry review of eye health and vision should occur prior to basic perceptual assessment.

Basic visual field screening (Part B)

- Complete a basic visual field screen to determine if the client is able to move their eyes up and down, left and right. Observe the client's eye movements as they perform the following:
  - scan: find an object in the environment e.g. window, chair or bed.
  - track: follow an object e.g. finger/pencil tip up/down, left/right and diagonally across from top to bottom for both sides.

  - fixate: look at an object approximately 30cm away from the top of the nose and then bring it further in to the nose, then away from the nose.
  - peripheral fields: keep looking forward and check for blind spots in the upper and lower quadrants as well as left and right sides.
- The eyes should move in the same direction, together in a co-ordinated fashion. If the eyes are unco-ordinated, quiver, or don't move, this may indicate a problem with the musculature of the eye and an optometrist review should precede the basic perceptual assessment.
- Does the client (or carer/staff) report frequently bumping into items whilst walking, reaching or whilst transferring? This may indicate neglect or visual inattention to space. See Safety and quality section.
- Does the client (or carer/staff) report difficulty finding/locating items e.g. clothing off a shelf, utensils in a drawer, showering equipment and items? This may indicate difficulties with figure ground shape matching, object identification, colour perception or sensation. Test the hand and fingers for sensation (light touch and sharp/blunt). If sensation deficits are present, reinforce the use of vision to compensate for sensation loss and the importance of self-checking fingers and hands for cuts/abrasions. If perceptual deficits are present or assessment outcomes are unclear, liaise with a health professional with expertise in the task.
- Does the client (or carer/staff) report difficulty using objects or using them in the wrong way? For example, using a knife as a teaspoon or placing clothing on the wrong parts of the body. This may indicate a personal preference or problems with attention, object recognition or perceptual constancy.
- Does the client (or carer/staff) report difficulty identifying differences in colour, including contrasting colours, shades of colour and white objects on a white background? Ask the client to identify three items in the room that are the same colour e.g. name 3 items that are blue.
  - blue and yellow are preferred colours to use as red and green are impacted by colour blindness.
  - the client may point or name the objects.
  - repeat the assessment for at least two different colours.

  If the client is able to identify objects and/or not match the colour, this may indicate a colour perceptual or colour constancy deficit.
- Does the client (or carer/staff) report difficulty identifying objects from a different visual angle? For example, not being able to locate a cup that is partially hidden or placed at a different angle e.g. upside down. This may indicate a problem with perceptual constancy (size, colour and shape) and part-whole relationships.
- Ask the client to point to different objects that are located in different areas of the room e.g. can you find 2 cups? Or 2 pillows? If there are no pairs in the room, provide a list of up to five items in different areas of the room. This tests perceptual constancy (ability to know objects even though further away, are still the same type of object) and visual discrimination (ability to remember features about objects and match them).
- Does the client (or carer/staff) report difficulty identifying/finding objects amongst other items/in a cluttered environment e.g. find items in a kitchen drawer, a tin can in the pantry, a cup on the table or shampoo in the shower caddy? This may indicate a problem with figure-ground perception and/or sensation. Test the hand and fingers for sensation (light touch and sharp/blunt). If sensation deficits are present, reinforce the use of vision to compensate for sensation loss and the importance of self-checking fingers and hands for cuts/abrasions and note as part of the task. Ask the client to identify a small stimulus from a background e.g. can they

locate the spoon in the dish drying rack. If perceptual deficits are present or assessment outcome is unclear, liaise with a health professional with expertise in the task.

Basic/bridging interventions for perceptual deficits

- If the client demonstrates problems with perception a basic/bridging intervention for safety should be implemented until comprehensive perceptual assessment can occur. The basic elements for maintaining safety include:
  - supervision of tasks for safety. This includes identifying the supervision requirement and providing education to the carer or nursing staff on the perceptual problem and activities of daily living that may require supervision. Supervision may include observing tasks and/or cueing (verbal or manual guidance). If suitable supervision is unavailable, liaise with a health professional with expertise in the task to develop a plan.
  - providing the client with timely feedback to improve attention to the task. This may include verbal cueing and prompts to look to the affected side, providing tactile input (touching the affected side) or education on performing a lighthouse scanning technique.
  - simplifying the environment to reduce distractions. This may include the reducing clutter, strategic placement of items to aid performance (within visual field/midline), use of contrasting colours (black toilet seat in a white bathroom), placement of a red line down the margin side of a page to facilitate reading and full visual rotation, prompting and verbal feedback strategies. See required readings for further examples.
- If at any stage it is apparent that a suitable basic/bridging intervention cannot be developed to maintain a safe environment cannot for the client or carer, liaise with a health professional with expertise in the task to develop a plan.

Outcome of a basic assessment for perceptual problems

- The outcome of the basic perceptual assessment needs to be collated to formulate a recommendation. This includes incorporating the results of the MoCA. The MoCA will reveal a score that will be within or outside of norms for mild cognitive/perceptual impairment. Figure 1 supports clinical reasoning for interpreting the MoCA as part of a basic perceptual assessment.
- If the outcome of the basic perceptual assessment is unclear due to being incomplete or the use of compensatory strategies liaise with a health professional with expertise in the task.
- If any aspect of the basic assessment for perceptual problems reveals a deficit the client should be referred for a comprehensive perceptual assessment. Provide feedback to the client that the results have indicated that there are some potential problems with perception. Develop a plan for basic/bridging intervention for safety and comprehensive perceptual assessment. This will be guided by local service models and referral pathways.
- Figure 1 is a decision support tool to support the skill share-trained health professional to interpret the MoCA as part of a basic assessment for perceptual problems.

Figure 1: Decision support tool to interpret the MoCA as part of a basic assessment for perceptual problems