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| **Topic** | Driving Assessment  |
| **CPD** | Self-ReportingCase review/analysis | **Estimated Duration** | EA 1 hour self-directed learning)RP 2 hours |
| **Aim** | To assist general practitioners to reflect on their approach to fitness to drive related consultations |
| **Learning Outcomes** | Implement a formal process to assess a person’s ability to driveBuild familiarity with a range of tools which contribute to the fitness to drive decisionReflect on opportunities to improve practice |

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| **Instructions** |
| Part 11. Read this article - Lee, L., & Molnar, F. (2017). Driving and dementia: Efficient approach to driving safety concerns in family practice. *Canadian family physician*, *63*(1), 27-31. You can access it [**here**](https://www.cfp.ca/content/cfp/63/1/27.full.pdf)(with internet connection)
2. For the next 3 patients coming in for either an age-related driving medical or 75+ health check:
	1. Review history of driving incidents – person (and family members if present)
	2. Perform Trail Making Test A and Trail Making Test B – access [**here**](https://www.dementiapathways.com.au/assessment-tools/)
	3. Perform clock drawing test – access [**here**](https://www.cgakit.com/_files/ugd/2a1cfa_824ff7874c8c48888a7aaea0cb99ca24.pdf)
	4. Perform intersecting pentagon test (part of MMSE – see link below)
	5. Perform one appropriate Cognitive Assessment Tool with the patient eg
		* [MMSE](https://www.ihacpa.gov.au/sites/default/files/2022-08/smmse-tool-v2.pdf)
		* [GPCog](https://gpcog.com.au/)
		* [KICA](http://kams.org.au/wp-content/uploads/2015/04/KICA-Tool-2006.pdf)
		* [MOCA](https://mocacognition.com/)
		* [RUDAS](https://www.dementia.org.au/resources/rowland-universal-dementia-assessment-scale-rudas)

3. Having completed the above activities, reflect on how you might change your practice.

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