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**Reliability and Validity Measurement Issues: Nothing New to Clinical Nurse Specialists; But**

**Liability Issues Too?**

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## **Reliability and Validity Measurement Issues: Nothing New to Clinical Nurse Specialists; But Liability Issues Too?**

Reliability and validity measurement issues are nothing new to clinical nurse specialists (CNS). Over the years, this journal has published a plethora of articles addressing measurement, and as students, CNSs were educated programs about the importance of reliability and validity as applied to instrument selection, usage and interpretation of scores. As a result, healthcare organizations know that their CNSs are the go-to professionals when a process or outcome needs to be measured. A recent announcement from the Montreal Cognitive Assessment (MoCA) Clinic and Institute demonstrated the importance of liability as a third element to be considered when selecting and using instruments for measurement and evaluation. Liability is nothing to be taken lightly, particularly in the field of geriatrics where measures of cognition are used to inform life changing decisions for older adults that can trigger complaints by patients and families unhappy with the results.

Cognitive problems among older adults are widespread. Cognitive screening is frequently performed by health care providers across all practice settings, but not all of them are qualified to administer these seemingly simple instruments. An up to date, reliable cognitive screen that produces valid results is imperative for determining if an older adult should undergo more extensive cognitive testing to determine a diagnosis, appropriate treatment, their decision-making capacity or continued ability to drive. For decades health care professionals across all settings have utilized the Mini Mental Status Exam (MMSE) as an important screening instrument (Brugnolo, et al, 2009). However, an alternative to the MMSE

was developed in the 1990's when a cost became associated with administering the MMSE. The Montreal Cognitive Assessment (MoCA), developed in 1996, was subsequently adopted by many health care organizations because there were no associated costs and the psychometric testing properties (validity and reliability) of the MoCA were determined to be similar to the MMSE. Additionally, the MoCA was determined to be more sensitive to cognitive changes among older adults with mild cognitive impairment, not just those with dementia (Nasreddine, et al, 2005).

As of September 1, 2019, all new users of the MoCA will be required to complete training and testing to obtain certification to administer the MoCA (<https://www.mocatest.org/training-certification/?access>). Current users will have one year to complete their training (by September 1, 2020). Standardized training and validation of competency testing will take one hour to complete. Cost for this training, testing (3 trials allowed over a 2-month period), and a two-year certification will be \$125.00. Information about institutional licensing and group accounts is available (<https://www.mocatest.org/contact/>).

The requirement for training enacted by the MoCA Clinic and Institute is the result of legal threats made by patients and families who have disagreed with diagnoses that have been based upon MoCA results. Specific complaints by patients and families included: their provider not being trained to administer the instrument and their provider not being able to interpret the results. As the Institute warns, "If you wish to continue using the MoCA Test without being officially trained and certified, you will be at increased risk for administration, scoring and interpretation errors which could lead to misdiagnosis and liability."

(<https://www.mocatest.org/training-certification/?access>). Rather than not using the MoCA to

avoid being vulnerable, embracing the certification process will strengthen nursing practice. Understanding a patient's cognitive status allows us to more effectively communicate with older adult patients. Additionally, when performed on a regular basis (e. g., annually), testing allows the patient and family to have a more accurate perception of the patient's cognitive issues. Ultimately, plans of care will more accurately reflect a true cognitive assessment, decreasing overall health care liability such as when nurses are consenting patients, preparing patients for discharge, and coordinating safe medication management

CNSs need to provide leadership in insuring that nurses are qualified to reliably measure important clinical indicators like cognitive status. Data entered into medical records must be valid data. As one recommendation, annual skills days should incorporate time for instrument training, testing and results interpretation followed by appropriate recognition for nurses who complete this important process. Savvy patients and families are paying attention to nursing practice and the outcomes of our assessments. To maintain our privileged position as the experts of measurement and the go-to professionals for measurement CNSs need to provide leadership for promoting competency and diminishing liability for ourselves, our nurses, and our organizations.

## References

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