

Reported practice

GP conducts a formal cognitive assessment using a validated scale (Category 1)

GP assesses cognitive function using other clinical criteria (Category 2)

GP refers to ACAT for cognitive assessment (Category 3)

GP refers to specialist without conducting a cognitive assessment (Category 4)

No cognitive assessment conducted, no referral initiated (Category 5)

Domains and themes

Knowledge:

- Aware of need to assess cognitive function when diagnosing dementia
- Aware of test to use

Skills:

- Know how to administer MMSE

Beliefs about capabilities:

- Confident in administering MMSE

Environmental context & resources:

- Have access to MMSE
- Have time/practice nurse to conduct MMSE

Behavioural regulation:

- Routine part of dementia assessment

Beliefs about consequences:

- Believe patients find it uncomfortable/embarrassing to be tested
- Believe MMSE not a good measure of cognitive function
- Believe MMSE doesn't provide useful additional information

Social Influences:

- Patients find it uncomfortable/embarrassing to be tested

Emotion:

- GP uncomfortable in administering MMSE

Skills:

- GP lacks skills in administering MMSE

Beliefs about capabilities:

- Believe able to assess as well clinically

Environmental context & resources:

- Lack of access to test

Environmental context & resources:

- Lack of time/resources to conduct MMSE

Beliefs about consequences:

- Preferable for someone else to conduct MMSE to enable independent assessment
- Believe ACAS assessment needed anyway (for other reasons)
- Believe patients find it uncomfortable to be assessed by the GP

Social Influences:

- Patients find it uncomfortable to be assessed by the GP

Emotion:

- GP uncomfortable testing patients/administering MMSE

Skills:

- GP lacks skills in administering MMSE

Beliefs about capabilities:

- GP lacks confidence in administering MMSE

Beliefs about consequences:

- Believe patients find it uncomfortable/embarrassing to be tested
- Preferable for someone else to conduct MMSE to enable independent assessment
- Believe MMSE unnecessary as cognitive impairment obvious

Social Influences:

- Patient/family request specialist referral
- Patients find it uncomfortable/embarrassing to be tested

Emotion:

- GP uncomfortable testing patients/administering MMSE

Skills:

- GP lacks skills in administering MMSE

Beliefs about capabilities:

- GP lacks confidence in administering MMSE

Social Influences:

- Patient/family refuse assessment

Beliefs about consequences:

- Believe cognitive impairment not problematic (at current stage) and cognitive assessment won't provide useful information
- Believe patients can self report cognitive impairment

Skills:

- GP unable to convince patient/family of need to be assessed