Appendix 1.

Development of the TPB questionnaire.

The TPB postulates that a person’s behaviour - in this case, the GP - is determined by his/her intention to perform the behaviour. This intention is determined factor of their attitude toward the specific behaviour, their subjective norms, and their perceived behavioural control. These three domains were explored in this study with reference to the scenarios depicted. The components of the TPB as measured in this study, were as described below, and each is taken from a guide to the development of such questionnaires.(16)

Intention

In the context of the patients presented in the videos, respondents were asked whether they would consider coordinating the care of patients (including referral and review) with cognitive impairment. The higher the number, the stronger the intention to accept this role. They were also asked to estimate the level of difficulty of devising a management plan for these cases involving cognitive impairment, on a scale from 1 to 7, where 7 is very difficult.

Attitude

Direct measurement of attitude involved the use of bipolar adjectives (e.g., pairs of opposites), which are evaluative (e.g., good–bad). Responses to questions were allocated scores from which an overall attitude score was calculated. The attitude items were also scored for internal consistency. The questions were:

1. Managing patients with cognitive impairment is (Scale 1-7 for all questions):

   Unnecessary.................Necessary
   Unsatisfying.............. Satisfying
   Ineffective................. effective

   Not convenient (for me).....Convenient (for me)

Subjective Norms

This domain was assessed through the use of questions relating to the perceived opinions of key stakeholders including colleagues, patients and funding agencies. The subjective norm items were scored for internal consistency. We calculated the mean of the item scores to give an overall subjective norm score. The questions were:

1. Professional colleagues think (I should to Should not). manage patients with cognitive impairment. (7 point scale)

2. Medicare facilitates me to manage patients with cognitive impairment.

   Strongly agree to Strongly disagree (7 point scale)
3. Patients expect me to manage cognitive impairment.
   
   Strongly agree to Strongly disagree (7 point scale)

4. I feel under professional pressure to manage patients with cognitive impairment.
   
   Strongly agree to Strongly disagree (7 point scale)

Perceived Behaviour Control

This was achieved by assessing the respondent’s self-efficacy and their beliefs about the controllability of the behaviour. Self-efficacy was assessed by asking respondents to report: (1) how difficult it was to perform the behaviour, and (2) how confident they were that they could do it. Controllability was assessed by asking respondents to report whether: (1) performing the behaviour was up to them, or (2) factors beyond their control determined their behaviour. The mean scores of two self-efficacy and two controllability assessments were also calculated to give an overall perceived behavioural control score. The questions were:

Perceived behaviour control- Self efficacy

1. I am confident that I could manage patients with cognitive impairment if I wished to.
   
   Strongly agree to Strongly disagree (7 point scale)

2. For me, managing patients with cognitive impairment is:
   
   Easy to Difficult (7 point scale)

Perceived behaviour control- controllability

3. The decision to manage patients with cognitive impairment is beyond my control.
   
   Strongly agree to Strongly disagree (7 point scale)

4. Whether I manage patients with cognitive impairment is entirely up to me,
   
   Strongly agree to Strongly disagree (7 point scale)