**E-Appendix 2**

**Guides for Physician Focus Groups, Caregiver Focus Group and Transportation Administrator Interviews**

Part 1 - Physician Focus Group Questions

1. Can you think of a patient of yours who is suffering from mild CI/Dementia and is driving? How do you usually come across this piece of information? (e.g. routine part of clinical exam, family member mentions it, other)

* if they say family, probe further to gauge how physician may view how they can work with the family

2. What is your reaction to this piece of information (pt. driving with MCI / mild dementia):

* if they say they tend to report, ask about their rationale, ask if barriers currently exist for reporting from their perspective
* if they did not say they report, probe about how they feel about reporting;

- can mention that there is legislation for reporting and ask what they think of such legislation

- can ask if they think having such legislation would motivate their colleagues to report; if not, what is the barrier?

* Is this a typical scenario in your practice?

3. Review colour algorithm for a few moments. Please go through the algorithm with the patient you mentioned earlier in mind.

* What do you think about the algorithm? Do you think the algorithm is useful?
* for those who said that it is useful, probe what about it that's useful
* for those who said it is not useful, probe why it is not
* if they hadn't volunteered the info, ask if they would use it in their daily practices

- if yes, ask if they see any barrier in adopting this in daily practice

- if they identified barriers, ask them how barriers could be overcome

- if they do not see themselves using it in daily practice, ask why

Part 2 - Family Caregiver Focus Group Questions

1) have you discussed the issue of driving with your relative who has cognitive impairment or dementia?

1a) If so, how did you approach the issue and what was the response?

1b) If not, why not? What would make it easier for you to address the issue? (prompt with lead question when no recommendation has been given, for example 'tools such as education materials to guide the discussion?' Example in the lead question should be tailored to the barrier the participant has identified. And if an example of tools has been provided, prompt the participant to describe the tool s/he has in mind in details and the context in which the tool is used)

2) have you discussed the issue of safe driving with the physician of your relative who has cognitive impairment or dementia?

2a) If so, how did you approach the issue and what was the response?

2b) If not, why not? What would make it easier for you to address the issue with the physician? (prompt with lead question when no recommendation has been given, for example 'tools such as education materials to guide the discussion?' Example in the lead question should be tailored to the barrier the participant has identified. And if an example of tools has been provided, prompt the participant to describe the tool s/he has in mind in details and the context in which the tool is used).

Part 3: Transportation Administrator Interview Guide

Introduction:

As you know, this research is being undertaken to support the development of a tool that will help doctors decide when to alert the transportation administration that a patient may be no longer be safe to drive because of dementia. What I’m hoping to learn from you today is more about what happens at the administration end of the process in order to ensure that the tool takes those processes into account. I understand that you’re in transition to a new system so it would be especially helpful to get your perspective on the changes taking place and whether you feel they will improve on any challenging aspects of the old process. Feel free to answer in whatever way makes most sense to you.

1. To begin, can you tell me about your role at the transportation administration?

* What are your main responsibilities?
* How much of your job is taken up with dealing with the dementia and driving issue?
* Were you given any specialized training or support to deal with the dementia and driving issue? Did you have to learn it on the job?

2. What happens when you (or another staff member) receive a report from a doctor indicating that they have a patient with dementia?

* What action do you take?
* Do you exercise your own judgment in deciding what to do next or is there a protocol that you follow?
* (If there is a protocol) In your experience, is the protocol helpful? Do you ever encounter situations where the protocol isn’t a good fit for the actual circumstances? If this happens, what do you do?

3. What are the possible outcomes for a driver who has been referred by their doctor And how would you decide what is appropriate in any given case?

* Cease driving/lose license
* Continue driving/reassess in 6-12 months?
* Specialized on-road test?
* Remedial training?
* Other

4. How long does it take from the time you receive a referral to the patient being re-tested/losing their license etc.?

* Is there a timeframe that you aim for?
* How easy/difficult is it to process the referral in that time?
* Do you ever feel like the time it takes to process the referral is an issue in any way? If yes, how so?
* What happens if the person continues to drive while the referral is being processed?

5. What kind of information do doctors typically provide about their patient?

* Do you assess the information provided in any way in deciding what action to take?
* Do you follow the same steps regardless of what it says on the form?
* Do you feel like you generally get the information you need in order to decide what action to take?
* Do you ever get forms that include medical terminology that may be unfamiliar to you? What do you do in those situations?

6. After a referral is received, is there any communication back to the doctor?

* Do you have some way of letting them know what’s happening with the process at your end?
* Do you ever feel a need to communicate with the doctor in order to clarify circumstances or ask for more details?
* Would there be any value for you in being able to communicate directly with the doctor?

7. And what about the driver and his/her family? Is there any communication back to them?

* Is the driver/family notified by the MTO that a referral has been received?
* Are there standard letters, personalized correspondence/pamphlets or other printed information
* What would happen if the driver/family wanted to get in touch with the MTO to ask questions or seek clarification? How easy/difficult is it for them to do this?
* Are there options or ways for them to appeal a decision if they feel it is unfair?

8. One of the things we learned in an earlier study was that doctors sometimes worry about making referrals because they have no idea what goes on at the transportation administration and don’t want their patients to lose their license unnecessarily. They also stressed that medicine is seldom black and white and that this process doesn’t really allow for grey areas.

* What would you say to those concerns?
* Do you have any ideas about how they could be addressed?
* What, if anything, might improve communication between doctors and the transportation administration?

9. So, overall, if I hand you the magic wand what, if anything, would you do to change the current process for dealing with referrals from doctors relating to patients with dementia?

* More formalized training for transportation administrator staff
* Changes to protocol and existing paperwork
* Changes to communication with doctors
* Dedicated staff for dealing with these cases
* Other?