Clinical Task Instruction

Delegated Task

D-CP02: Standardised Mini-Mental State Examination (SMMSE)

Scope and objectives of clinical task

This Clinical Task Instruction (CTI) will enable the Allied Health Assistant to:

- accurately collect and record information using a standard screening/assessment tool and procedure, the Standardised Mini-Mental State Examination (SMMSE).

VERSION CONTROL

Version:	1.2		
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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/ahwac/html/ahassist

Prior to use please check https://www.health.qld.gov.au/ahwac/html/clintaskinstructions for the latest version of this CTI.

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health clinical roles are assumed knowledge for this CTI.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43021 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
  - assist with development and maintenance of client functional status.

  Access the module/s at: https://www.health.qld.gov.au/ahwac/html/ahassist-modules

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
  - basic knowledge of cognition and cognitive impairment to the extent required to complete this task, including explanation to the client and reporting to the delegating health professional
  - basic knowledge of the purpose and administration of the SMMSE including the process for collecting information, scoring and documentation requirements.
- The knowledge requirements will be met by the following activities:
  - completing the training program/s (listed above)
  - reviewing the Learning resource
  - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an allied health assistant delivering this task:
  - Nil

Safety and quality

Client

- The allied health assistant will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the allied health assistant during the task:
  - the ideal time to test clients is when they are most alert, such as after breakfast or showering. For clients who are displaying signs of drowsiness, discuss with the delegating health professional rescheduling the test to a time when the client is likely to be more alert.
  - the client's ability to participate in cognitive screening may be impacted by pre-existing conditions including intellectual impairment, mental illness, neurological injury (stroke/cerebrovascular accident, acquired brain injury), mental illness or a history of drug and/or alcohol abuse. Additionally, the client may present with signs of increasing confusion, a worsening ability to follow directions, reduced alertness or concentration or worsening pain. If

the client's presentation does not match the delegation instruction, cease the task and liaise with the delegating health professional regarding observations.

- non–English speaking clients should complete testing with the use of an interpreter. If the allied health assistant has not previously worked with an interpreter additional information in the delegation instruction may be required to support testing. At a minimum the allied health assistant needs to confirm the language spoken by the interpreter is one the client is familiar with i.e. same dialect. The interpreter should be instructed to relay the questions and answers in a simple and objective manner which offers no additional assistance to the client. The interpreter should be requested to advise of any subtle or unintended changes to the meaning of test instructions due to language or cultural factors. Note any variances in the instructions provided and the use of an interpreter as part of recording test results.
- clients must be able to communicate answers that can be understood by the interviewer. The clarity of communication can be affected by muscle weakness (dysarthria), when the client has difficulty getting messages from the brain to make their muscles work (dyspraxia) or in their comprehension or expressive language (dysphasia). Compensatory strategies for communicating may include slowing down their speech, using more breath to speak louder, using descriptive strategies, writing or using an i-pad, computer or other communication device. If the client's responses are not clear and able to be understood, and communication strategies were not included in the delegation instruction, or are not effective, cease the task and liaise with the delegating health professional.
- clients may have physical or sensory limitations that impact on testing including not being able to, hear or see fully, point/move hands, or hold a pencil. This may be due to hand weakness, deformity, injury or pain. The delegating health professional should provide instructions on how to assist the client to physically perform the other components of the test if possible e.g. use a clip board, tape the paper to the desk to prevent movement, provide a pencil grip or thick marker, encourage use of the opposite hand. The allied health assistant should note the components not completed and/or assistance provided as part of recording the test results. If the client's presentation does not match the delegation instruction, cease the task and liaise with the delegating health professional regarding observations.

Equipment, aids and appliances

- As part of testing, clients will need to respond to verbal questioning and visual stimulus. If the client requires glasses or hearing aids, ensure these are in working order and fitted correctly.
- Any changes to the standard testing protocol for the test will reduce its validity and reliability. The testing procedure and guidelines should always be applied. For example standard question phrasing, time limitations, or use of prompts and self-correction should be consistently applied. See Learning resource.

Environment

- The test should be conducted in a quiet location that provides privacy. This includes minimising background noise and distractions e.g. close curtain/door, turn off the radio/TV, request visitors sit outside whilst testing occurs.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
  - pre-existing conditions impacting on participation, including cognition and communication
  - current medical conditions
  - special requirements e.g. interpreter, compensatory strategies for communication problems or hand weakness.
- Review the medical record and liaise with members of the healthcare team prior to commencing the task and advise the delegating health professional if there are any recent changes which may impact on a client's capacity to participate in the task i.e. recent deterioration.

2. Preparation

- Local screening/assessment form – including the score sheet with two five-sided figures intersecting to make a four-sided figure, a space to write a sentence and ‘CLOSE YOUR EYES’ written in large letters.
- Watch
- Pencil

3. Introduce task and seek consent

- The allied health assistant introduces themself to the client.
- The allied health assistant checks three forms of client identification: full name, date of birth, plus one of the following: hospital unit record (UR) number, Medicare number, or address.
- The allied health assistant describes the task to the client. For example:
  - I’m going to ask you to complete an assessment process with me. These questions check how your thinking is at the moment. It includes memory and concentration. It will show your healthcare team how we can best help you.
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).

4. Positioning

- The client’s position during the task should be:
  - at the bedside - in bed with an over bed table positioned in front of the client or seated at a table and in a supportive chair.
- The allied health assistant’s position during the task should be:
  - in a position where the allied health assistant is easily able to point to stimulus items and provide instructions.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
  1. Administer the SMMSE as per tool guidelines for administration and scoring instructions. See the Safety and quality section and Learning resource section.
  2. Score each question, recording the results on the local SMMSE recording form.
  3. Calculate the overall score using the guidelines.
- During the task:
  - ensure reliability of the tool by:
    - asking each question a maximum of three times, and if no response score zero.
    - asking the question exactly as written i.e. do not explain further or in an alternative way.
    - if the client answers 'what did you say?' do not explain or engage in conversation, merely repeat the same statement a maximum of three times.
    - if the client interrupts, reassure that explanation can be provided when the test is finished, and seek to continue with the screening.
    - if the client becomes distracted during testing or has poor attention to the task, re-direct them to the test by repeating the question no more than a maximum of three times, and if no response score zero.
    - do not rush the test, allow the client time to respond before repeating the question or scoring zero.
  - clients may feel vulnerable or anxious or become upset, frustrated and/or irritable during the task and this may impact their performance. This may be due to increased anxiety, stress, frustration or resistance to the task. If this occurs, pause the task and provide support and include observations as part of feedback. If the client continues to display symptoms, or does not consent to recommence the task, cease the task and liaise with the delegation health professional.
  - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
  - encourage feedback from the client on the task
  - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
  - an overall score e.g. X/30
  - subtask scores including details of incorrect responses e.g. orientation 7/10 – incorrect response to year, month, day of week
  - observations including the use of hearing aids, glasses, interpreter, fatigue or appearance of being distracted

- file the screening/assessment tool in the clinical record consistent with relevant documentation standards and local procedures.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Dementia Australia (n.d.) Available at: https://www.dementia.org.au/
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.
- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare.

Assessment: performance criteria checklist

D-CP02: Standardised Mini-Mental State Examination (SMMSE)

Name: **Position:** **Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	*Date and initials of supervising AHP*	*Date and initials of supervising AHP*
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task obtaining the relevant form and materials and ensuring the client and environment are prepared for the task i.e. client has glasses or hearing aids, environmental modifications complete.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Completes the screening/assessment task as per the standard procedure (or deviates from the standard procedure where appropriate to maintain safety). c) Records information from the task accurately and appropriately as per the standard procedure, and where relevant, obtains additional relevant information (observations, client comments or questions) for reporting to the delegating health professional and/or recording in the medical record. d) During the task, maintains a safe clinical environment and manages risks appropriately. e) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Comments:

Record of assessment competence:					
Assessor name:		Assessor position:		Competence achieved:	/ /

Scheduled review:		
Review date:	/ /	

Standardised Mini-Mental State Examination (SMMSE): Learning resource

Background

Cognition relates to mental abilities such as knowledge, attention, memory, judgement, reasoning, problem solving, decision making, and comprehension. Some changes in cognition are expected with ageing. Mild Cognitive Impairment (MCI) is a term used to describe the stage beyond the expected cognitive decline of normal ageing. Clients with MCI may experience minor memory or mental function changes, but not sufficient to interfere with usual day to day activities.

Dementia is a form of cognitive impairment where the client's changes in mental function now impact on their ability to complete their usual life roles. There are different forms and causes of dementia. The most common types are Alzheimer's disease, vascular dementia and dementia with Lewy bodies (Dementia Australia, n.d.).

The SMMSE is a brief 30-point questionnaire test that is used to screen for cognitive impairment. It is also used to indicate the severity of cognitive impairments. The test covers a variety of cognitive domains including orientation to time and place, short and long-term memory, registration, recall, constructional ability, language and the ability to understand and follow commands. The test is used in conjunction with history taking, functional observations and, potentially, other testing procedures.

Required reading

- Dementia Australia. Assessment and Diagnosis of Dementia. Available at: https://www.dementia.org.au/professionals/assessment-and-diagnosis-dementia
- Independent Health and Aged Care Pricing Authority (IHACPA) (2022).
  - Standardised Mini-Mental State Examination (SMMSE) Tool
  - Standardised Mini-Mental State Examination (SMMSE) Guide

  Available at: https://www.ihacpa.gov.au/resources/standardised-mini-mental-state-examination-smmse-tool

Queensland Health employees only

- Further information on the SMMSE is available at: https://qheps.health.qld.gov.au/caru/networks/dementia/cognitive-impairment-screening-toolkit/assessment-tools/cognitive-impairment
- The SMMSE is a statewide clinical form. For clinical use the form should be accessed using the relevant local procedure.

Optional reading

- Dementia Australia (n.d.). Mild Cognitive Impairment. Available at: https://www.dementia.org.au/.
- Department of Health. Victoria. Managing Dementia (2024). Available at: https://www.health.vic.gov.au/older-people-in-hospital/cognition-dementia-delirium-and-depression/dementia/managing-dementia

- Queensland Health (2024). Chronic Conditions Manual: Section 4 – Management of diagnosed conditions. Dementia. Available at: https://www.ccm.health.qld.gov.au/management-of-diagnosed-conditions/dementia#section__3managementofdementia2578