**Behavioural Analysis**

**Target Behaviour:** Identifies suitable patients for PREP2 in a timely manner (before day 3 post-stroke), and accurately obtains the SAFE score in a timely manner (day 3 post-stroke) and interprets the results.

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| --- | --- | --- | --- | --- |
| **Group: Acute stroke****physical therapists** | **Facilitators** | **Barriers** | **What needs to change for the target behaviour to occur?** | **Action** |
| **CAPABILITY**Knowledge and skills to be able to do the behaviour | * Know which patients to use PREP2 for
* Have the clinical skills to obtain the SAFE score
* Already routinely assess the upper limb
 | * Sometimes hard to select a score for upper limb power (e.g. where there is longstanding deconditioning or musculoskeletal conditions that affect the arm/hand)
* Not previously used the SAFE score
 | * A good understanding of the scoring for the SAFE score
* To know what to do next after the SAFE score is determined
 | ΔΔ |
| **OPPORTUNITY**Time, resources and social support to be able to do the behaviour | * See patient at bedside most days
* Don’t need any new equipment
 | * Don’t always see a patient on day 3 post-stroke
* Don’t know the method for recording the SAFE score
 | * Needs time to see each patient on day 3
* Learn how to formally record the SAFE score
* Needs appropriate documentation to enable formal recording of the SAFE score
 | Δ |
| **MOTIVATION**Think it is a good idea, part of your role and worthwhile | * Think objective upper limb assessment is important and relevant to their role
 |  |  | ✓ |
| **Behavioural diagnosis of the relevant COM-B components:** Capability is the main component that needs to change, opportunity just needs a little change |

**Action: Code this column as follows**To be able to perform the target behaviour: ✓ Does not need to change Δ Needs to change a little ΔΔ Needs to change a lot

**Behavioural Analysis**

**Target Behaviour:** Communicates the predicted upper limb functional outcome and rehabilitation focus to the MDT, and to relevant subsequent rehabilitation services, such as inpatient, outpatient, or community teams

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group: Acute stroke****physical therapists** | **Facilitators** | **Barriers** | **What needs to change for the target behaviour to occur?** | **Action** |
| **CAPABILITY**Knowledge and skills to be able to do the behaviour | * Already gives handover and referral documentation to appropriate services
 | * Not confident to talk to the team about the prediction and implications unless they know it really well
 | * Needs confidence in the predictions and their implications, and how to share this information effectively
 | Δ |
| **OPPORTUNITY**Time, resources and social support to be able to do the behaviour | * Already writes in the clinical notes each time the patient is seen
* Already attends the weekly MDT meeting, and shares patient assessment and updates
 | * Sometimes staff miss the MDT meeting
* Unsure of everyone’s level of understanding of PREP2 (especially in community services)
 | * Add upper limb prediction information to the clinical notes – including any formal documentation
* Need to communicate PREP2 to subsequent rehabilitation teams
* Know what level of understanding other stakeholders have about PREP2
 | Δ |
| **MOTIVATION**Think it is a good idea, part of your role and worthwhile | * Keen to share accurate upper limb prediction information, believes it important
 |  |  | ✓  |
| **Behavioural diagnosis of the relevant COM-B components:** Capability and opportunity need to change a little |

**Action: Code this column as follows**To be able to perform the target behaviour: ✓ Does not need to change Δ Needs to change a little ΔΔ Needs to change a lot

**Behavioural Analysis**

**Target Behaviour:** Develops appropriate upper limb rehabilitation goals, and delivers focused upper limb rehabilitation based on the PREP2 prediction

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| --- | --- | --- | --- | --- |
| **Group: Acute stroke****physical therapists** | **Facilitators** | **Barriers** | **What needs to change for the target behaviour to occur?** | **Action** |
| **CAPABILITY**Knowledge and skills to be able to do the behaviour | * Already skilled in setting upper limb goals, and giving appropriate rehabilitation
 | * Not sure what to do if SAFE is less than 5 and all the tests haven’t been completed yet
 | * Need to be clear on which prediction category the patient is, and what to do if the UL prediction is not determined yet
 | Δ |
| **OPPORTUNITY**Time, resources and social support to be able to do the behaviour |  | * Not always time to deliver much treatment when the patient is on the acute ward
 | * Know any resources that are available for treatment
 | Δ |
| **MOTIVATION**Think it is a good idea, part of your role and worthwhile | * Motivated to give the appropriate input for the patient to reach their potential for recovery
 |  |  | ✓ |
| **Behavioural diagnosis of the relevant COM-B components:** Capability and opportunity need to change a little |

**Action: Code this column as follows**To be able to perform the target behaviour: ✓ Does not need to change Δ Needs to change a little ΔΔ Needs to change a lot