**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

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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 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