

**Defining and Matching Behaviour Change Techniques to Intervention Functions:
Examples from More-2-Eat**

Intervention Function	Most Common Behaviour Change Techniques (BCT)	Definition	BCTs used in M2E
Education	Information about outcomes or consequences	Provide detail on what happens as a result of the new activity or behaviour e.g. malnourished patients identified, health improvement, quality of life	Education/ information sessions for staff on consequences of improved screening/ assessment/improved nutrition care practices, etc.
	Feedback on behaviour/activity	Monitor and provide feedback on performance of the activity	Education/information sessions on accuracy of food intake monitoring, SGA.
	Feedback on outcome(s) of the behaviour	Monitor and provide feedback on the outcome when behaviour is performed	Unit audits on number of patients screened, assessed, referred for dietitian assessment, weight tracked, etc.
	Prompts/cues	Introduce a stimulus either environmental or social that prompts or cues the behaviour; done where or at time behaviour is done	Posters on unit to remind staff to screen, remove patient barriers to food intake, monitor food intake. Flags in chart to include malnutrition as a condition for transition note and discharge planning. Posters for family members to encourage staying for mealtimes.
	Self-monitoring of behaviour or activity	Establish a method for the staff to monitor and record their behaviour	Tracking sheets on patient door for staff to fill out after monitoring food intake, and sign for action taken if food intake $\leq 50\%$
Persuasion	Credible source	Verbal or visual communication from a credible source that favours the behaviour (or against behaviour trying to stop)	Canadian Malnutrition Task force webinars; Canadian Malnutrition Week videos/materials

	Information about consequences Feedback on behaviour Feedback on outcome(s) of the behaviour	As above under Education	CNST tracking completion data compiled and put on posters in various areas for staff to see; weekly update email sent to staff re: CNST auditing Patient story of negative consequences to a patient, such as longer length of stay, due to not screening.
Incentivisation	Feedback on behaviour Feedback on outcome(s) of behaviour Self-monitoring of behaviour	As above under Education	Friendly competition between unit teams to complete activity for 100% of patients
	Monitoring of behaviour by others without evidence of feedback	Observe or record behaviour without staff member's knowledge	Audits of tracking sheets for various INPAC activities e.g. nursing providing initials when make referral to dietitian
Training	Demonstration of the behaviour	Observable sample of how the behaviour is to be performed. Can be in-person or video/pictures.	SGA training, food intake monitoring training, laminated posters to indicate low food intake when monitoring
	Instruction on how to perform a behaviour	Advice or written agreement on how to perform the behaviour	Written instructions at nursing station as to how to identify a positive screen with CNST and make a referral to the dietitian
	Feedback on the behaviour Feedback on outcome(s) of behaviour Self-monitoring of	As above	As above

	behaviour		
	Behavioural practice/rehearsal	The staff member is prompted to practice the performance of the behaviour one or more times to increase habit and skill. Done typically in a hypothetical context, not a 'live run'.	SGA training with dietitians, food monitoring by food service staff, volunteer training on opening packages
Environmental restructuring	Adding objects to the environment	Objects added to environment to make it easier to preform behaviour e.g. red tray to signal a person needs assistance with eating	Whiteboards above patient beds to indicate what a patient needs to facilitate eating (ie. Dentures, glasses, etc.)
	Prompts/cues	As above	Include check-off boxes on CNST for score, date and sign-off by staff that completed.
	Restructuring the physical environment	Change the physical environment in order to make it easier to perform the behaviour on a routine basis; create barriers to undesired behaviour	Embed screening tool into MAR or nursing forms to facilitate routine completion.
Modelling	Demonstration of the behaviour	As above under Training	As above under Training
Enablement	Social support (unspecified)	Provide support among colleagues/staff members; encourage, counsel, praise, reward performance of behaviour	Frequent staff huddles to encourage staff and praise successes.
	Social support (practical)	Colleagues/staff provide practical help to support behaviour of other staff to do the	All staff/disciplines involved in food intake monitoring, team working together on weight days to get body

	behaviour	weight completed on all patients
Goal setting (behaviour)	Agree on a goal with the staff; define in terms of behaviour that will be achieved	Teams developed target goals for key activities that were being implemented e.g. time deadline for screening of admitted patients
Goal setting (outcome)	Agree on a goal defined in terms of a positive outcome of desired behaviour	Goal setting to reduce mealtime barriers, reduced average time that a patient is NPO
Problem solving	Analyse factors that influence the behaviour; consider how to change behaviour with various strategies that overcome barriers or increase facilitators	Gather info from diet clerks regarding current screening processes, barriers, facilitators, and how to make routine; Monitoring rate of NPO meals/day to see if this is a significant barrier to food intake
Action planning	Detailed planning of how the behaviour will be performed (e.g. situation, frequency, duration, intensity)	Mapping out screening to SGA triaging process; getting staff input on which forms would be preferred to use for food intake monitoring.
Self-monitoring of behaviour Restructuring the physical environment	As above	As above
Review behaviour/outcome goal(s)	Review behaviour/ outcome goals jointly with the staff member(s) and where required modify the goal or behaviour change strategy based on achievement to date	Review of a process not working e.g. food intake monitoring to determine how it can be streamlined and simplified

Adapted from: Michie S, Atkins L, West R. (2014) The Behaviour Change Wheel. A guide to designing interventions. Great Britain: Silverback Publishing.