**Appendix 1.** *TiDier checklist*

**The TIDieR (Template for Intervention Description and Replication) Checklist\*:**

 Information to include when describing an intervention and the location of the information

|  |  |  |
| --- | --- | --- |
| **Item number** | **Item**  | **Where located \*\*** |
|  | Primary paper(page or appendixnumber) | Other † (details) |
|  | **BRIEF NAME** | Page 4 |  |
| **1.** | Provide the name or a phrase that describes the intervention. | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **WHY** |  |  |
| **2.** | Describe any rationale, theory, or goal of the elements essential to the intervention. | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **WHAT** | Pages 6-9 |   |
| **3.** | Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL). | \_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4.** | Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities. | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **WHO PROVIDED** | Pages 6 | Registered Psychologists |
| **5.** | For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given. | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **HOW** | Page 5-9 | Small groupsface-to-face modality |
| **6.** | Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group. | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **WHERE** | Page 6 | At the hospital |
| **7.** | Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features. | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **WHEN and HOW MUCH** | Page 6-9 | 3 hour training |
| **8.** | Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose. | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **TAILORING** | NA |  |
| **9.** | If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how. | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **MODIFICATIONS** | 6-9 |   |
| **10.ǂ** | If the intervention was modified during the course of the study, describe the changes (what, why, when, and how). | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **HOW WELL** | NA |  |
| **11.** | Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them. | NA\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| **12.ǂ** | Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned. | NA\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*\* **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

ǂ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

\* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

\* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see [www.consort-statement.org](http://www.consort-statement.org)) as an extension of **Item 5 of the CONSORT 2010 Statement.** When a **clinical trial** **protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see [www.spirit-statement.org](http://www.spirit-statement.org)). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see [www.equator-network.org](http://www.equator-network.org)).

**Appendix 2.** *Case Study Exercises*

Aim: To apply what we have talked about today to some example vignettes, providing you the opportunity to navigate the protocol and to think about if you have questions or uncertainties about applying this in your routine practice.

Please break into pairs and practice using the protocol with each other. Take it in turns to be the clinician and the patient. Please use your quick reference flow charts (in your packs) to answer the following questions........

Case 1: Mrs Taylor – A 90 year old lady who has been an inpatient on the ward for 3 days. She does not have any communication impairment but has significant attention and memory difficulties and appears disoriented and a poor historian.

|  |  |  |
| --- | --- | --- |
|  |  | *Score*Please refer to scoring sheet |
| a) | What is the time frame before Mrs Taylor can be screened by a member of the team for anxiety and depression? |  (1) |
|  |  |  |
| b) | Which anxiety screening measure would you use?  |  (1) |
|  |  |  |
| c) | If Mrs Taylor scored 3 on the anxiety measure, would she fall into the anxious or non anxious range? |  (1) |
|  |  |  |
| d) | If her score on this anxiety measure fell in the sub-clinical range, what next steps would you take? |  (1) |
|  |  |  |
| e)  | What tool would you use to screen Mrs Taylor for depression? |  (1) |
|  |  |  |
| f) | Mrs Taylor scores 12 on the depression tool. Does this place her in the depressed or non depressed range? |  (1) |
|  |  |  |
| g) | Knowing this score, what do you do next?  |  (1) |
|  |  |  |
| h) | Mrs Taylor is occasionally tearful, and has told her daughter it would be easier for everyone if she was not around anymore. What are your next steps? |  (2) |
|  |  |  |
| i)  | Mrs Taylor has been spending most of her time in bed. Could this be related to her mood? What else needs to be considered?  |  (1) |

Case 2: Mr Jones is a 65 year old gentleman, who has been on the ward 6 days following a major stroke. He was living and being cared for by his daughter at the time on account of his level of disability after his first event. He does not have any communication difficulties or cognitive impairment.

|  |  |  |
| --- | --- | --- |
|  |  | *Score*Please refer to scoring sheet |
| a) | Which screening tool would you use to provide an indication of Mr Jones’ anxiety level? |  (1) |
|  |  |  |
| b) | Who would complete this tool? |  (1) |
|  |  |  |
| c) | How would you know that the results of the measure had raised a significant concern? |  (1) |
|  |  |  |
| d) | The anxiety tool flags a significant concern regarding Mr Jones’ anxiety levels – what next steps do you take? |  (2) |
|  |  |  |
| e)  | Which depression screening tool do you use with Mr Jones? |  (1) |
|  |  |  |
| f) | Mr Jones scores 15 on this screening tool for depression, what might this suggest? |  (1) |
|  |  |  |
| g) | What is the next step you take? |  (1) |
|  |  |  |
| h) | Mr Jones has been avoiding mobilising on the ward. If you think this could be related to his mood, what should you do next?  |  (2) |
|  |  |  |

*Total Score for case /10*

**Appendix 3:** *Post-training quiz*

**Mood Screening After Stroke Training: Multiple Choice Questions**

1. The following can be a symptom of depression:
2. Fatigue
3. Extravagant spending
4. Contacting old friends
5. physical restlessness
6. Symptoms of anxiety can include
7. Physical tension
8. Excessive worrying
9. Sleep disturbance
10. All of the above
11. Depression after stroke is associated with
12. Greater morbidity
13. Better recovery
14. Hospitalisation
15. Ethnicity
16. Depression and anxiety after stroke may be overlooked because
17. They are rare conditions in this population
18. Staff do not care
19. Of the overlap of mood symptoms with stroke symptoms
20. Patients choose not to respond to questions about these symptoms
21. The GAD-7 is a tool
22. To detect anxiety after stroke
23. To detect depression after stroke
24. To assess suicide risk
25. A and B
26. Screening instruments to detect anxiety and depression after stroke in those with severe aphasia:
27. Do not exist
28. Require patients to have a consistent “Yes/No” response
29. Are too long to be of use in clinical settings
30. Can require staff or carers to complete them on the basis of patient observation
31. The screening training presented suggests what about suicide?
32. Patients should not be asked
33. That most patients are ok about being asked
34. A psychiatrist is the only person who can enquire about this
35. If someone has the idea they will almost certainly act upon it
36. When introducing a system that asks about suicidal ideas you may need to consider
37. Informing patients first about the consequences should they raise a concern that they might be a danger to themselves
38. Having a panic button to press if a concern is raised
39. Your own mood state
40. Whether you should ask patients with another staff member present
41. A positive result on screening test for depression after stroke means
42. A patient is definitely clinically depressed
43. Blood pressure must be monitored
44. A patient should be referred on for a more complete assessment
45. A patient’s family should be informed no matter what the patient’s wishes
46. If you are upset after screening a person for mood problems you should
47. Always keep it to yourself
48. Record you are upset in the patient’s notes
49. Consider talking it through with your supervisor/ a colleague
50. Plan a holiday immediately
51. If you are screening for anxiety in a patient with cognitive impairment which tool would you use?
52. BOA
53. HADS-7
54. GAD-7
55. There is no tool

**Appendix 4.** *Focus group questions*

**Welcome** and thank you for volunteering to take part in this focus group. You have been asked to participate as your point of view is important.

**Introduction:** This focus group discussion is designed to assess your current thoughts and feelings about the screening training program. The focus group discussion will take no more than 45 minutes and will be video recorded.

**Anonymity:** Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed. The transcribed notes of the focus group will contain no information that would allow individual subjects to be linked to specific statements. You should try to answer and comment as accurately and truthfully as possible. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

**Questions:**

Prior to the training:

1. How much of your time with patients is in regard to their mental health?
2. Were you aware of any gaps in your knowledge about mood disorders after stroke (types, prevalence, impact)?
3. Were you aware of any gaps in your knowledge or skills in screening for mood disorders?
4. Were you confident in screening for anxiety and depression in your patients?
5. Did you screen for mood disorders?
	1. If yes, what tools would you use to screen?
	2. how often would you screen?
	3. When would you screen? Provide contextual examples if possible.

During the training:

1. Were you engaged throughout the training program? Please elaborate on your response.
2. Did you understand all of the content during the training? Please elaborate if possible.
3. Did you find the content of the training relevant and applicable to your work?
4. Any additional comments about the training?

Currently:

1. Has this training changed your perception of how patient mental health is managed on the ward?
2. Has your confidence in screening for mood disorders changed after completing the training?
	1. In what way?
3. Was there anything in the program that you didn’t find useful?
4. Would you recommend this training program to your colleagues?
	1. why? Why not?
5. What were the benefits of the training program?
6. What were the limitations of the training program?
7. Would you change anything about this training program?
8. If yes – what would you change, if no why wouldn’t you change things?
9. Any additional comments about the training?
10. What are the barriers you are currently facing to screening?
11. What are the enablers?

**Conclusion**

* Thank you for participating. This has been a very successful discussion
* Your opinions will be a valuable asset to the study
* We hope you have found the discussion interesting
* If there is anything you are unhappy with or wish to complain about, please contact the local PI or speak to me later
* I would like to remind you that any comments featuring in this report will be anonymous
* Before you leave, please hand in your completed personal details questionnaire

Please remember to maintain confidentiality of the participating individuals by not disclosing their names.

**Appendix 5:** *Data analysis process for thematic analysis*

Steps involved in the thematic analysis (adapted from steps outlined in Braun and Clarke 2006 [22]**.**

|  |  |
| --- | --- |
| Step number: | Description: |
| Familiarisation with data. | This first step involved reading the transcripts several times and generating first impressions of the data. During this phase the researcher started making notes and comments on the word document about specific patterns in the data that could potentially be coded.  |
| Generating initial codes | Using Microsoft Word, quotes from the transcript that related to one another, or conveyed a similar message, were organised into meaningful groups called “codes”.  |
| Searching for themes | The initial codes were then sorted and placed into potential broader themes. During this phase the researcher considered the relationship between the codes, themes, and the sub-themes under. Some initial codes formed overarching themes, whereas others formed sub-themes, and others were miscellaneous or minor themes. Certain codes were discarded if they were no longer relevant. |
| Reviewing the data | The potential themes were then reviewed and refined by the researcher. Initial codes, and the identified themes and subthemes were also reviewed twice by another member of the research team, who had extensive experience in thematic analysis. This researcher agreed with the initial coder’s thematic analysis and made suggestions for write up during research meetings. During this process certain overarching themes became subthemes of another over-arching theme and miscellaneous themes were made sub themes for particular overarching themes.  |
| Defining and naming themes | During this process, two overarching themes and two subthemes were identified and named by both the initial coder and reviewed by the more experienced research team member. During this process, two overarching themes and two subthemes were identified. These themes were then checked against the original transcripts to ensure they reflected and were grounded in the raw data.  |
| Producing the report | This step involved writing the results from the thematic analysis. Descriptions of overarching themes were written and specific quotes that encapsulated of the overarching themes and subthemes were selected and placed under those descriptions. Miscellaneous or minor themes were not included in the results section of this paper. |

**Appendix 6:** *Other miscellaneous themes*

*Stroke clinicians value equitable health care.*

Many focus group members believed screening should be done for all patients within the rehabilitation ward and not just stroke survivors.

*Concerns that observational screening tools are too subjective.*

Other clinicians expressed concerns that the results from observational screening instruments could change depending on the clinician administering them.