

# PER Worksheet

<b>HOSPITAL &amp; ADVISER NAMES</b>	<i>List your hospital and both advisers names</i>	
<b>PARTNER SVC LINE / ORG</b>	<i>List your partner service line or organization</i>	
<b>AUDIENCE TO TARGET</b>	<i>What is the main group of people whose behavior you want to change?</i>	
<b>BEHAVIOR TO TARGET</b>	<i>What specific behavior do you want the target audience to perform?</i>	
<b>OTHER KEY INDIVIDUALS</b>	<i>Which other individuals influence the audience to perform the desired behavior?</i>	
<b><i>PREDISPOSING:</i></b> Stages of Precontemplation & Contemplation	<b><i>ENABLING:</i></b> Stages of Preparation & Action	<b><i>REINFORCING:</i></b> Stages of Maintenance of Behavior
KNOW <i>What does target audience need to know in order to perform target behavior?</i>	BE ABLE TO (skills) <i>What does target audience need to be able to do in order to perform target behavior?</i>	REMINDED <i>How could the target audience be reminded to perform the target behavior?</i>
BELIEVE / VALUE <i>What beliefs and values will encourage the target audience to perform target behavior?</i>	ACCESS TO <i>What does target audience need to have access to, in order to perform the target behavior?</i>	POSITIVE REINFORCEMENT <i>What positive reinforcements / rewards will the target audience receive if they perform the target behavior?</i>
INTENTION <i>What intentions will the target audience need to have in order to perform target behavior?</i>	BARRIERS REMOVED <i>What are the barriers that would need to be removed in order for the target audience to perform the target behavior?</i>	NEGATIVE REINFORCEMENT <i>What negative reinforcements /outcomes will the target audience receive if they perform the target behavior?</i>
		SOCIAL SUPPORT <i>What social supports will reinforce or reward the target audience for performing the target behavior?</i>

**TABLE 2**  
**PER Worksheet With Daily Physical Activity of Middle School Students as an Example**

<b>TARGET BEHAVIOR</b>	60 minutes of daily physical activity (PA)	
<b>TARGET AUDIENCE</b>	Middle school children	
<b>OTHER KEY INDIVIDUALS</b>	Parents, teachers, and peers	
<b><i>PREDISPOSING</i></b>	<b><i>ENABLING</i></b>	<b><i>REINFORCING</i></b>
<b>KNOW</b>	<b>BE ABLE TO DO (skills)</b>	<b>REMINDED</b>
What is PA?	Identify activities of interest	Scheduled times
How much PA a day?	Motor skills	Prompts by media
PA opportunities: school, community, clubs	Sport and recreation skills	Prompts by peers
	Self regulation: goal setting, decision making & tracking	Prompts by family
<b>BELIEVE / VALUE</b>	<b>ACCESS TO</b>	<b>POSITIVE REINFORCEMENT</b>
PA positive outcomes: fun, friends, strength, weight control, exciting	Quality physical education	Fun
Negative outcomes: embarrassment, sweat, boring	Gyms and playing fields	Make friends
PA efficacy: I can do 60 minutes	Sidewalks	Feel good
Skill efficacy: I can ____ (walk on the treadmill, catch a Frisbee, etc.)	Sport equipment: balls, bats, racquets, clubs	Praise from: parents, teachers, peers
Believe others expect you to be active: parents, peers, teachers	Play equipment: bikes, skates, balls, skateboards, Frisbee, kites,	Success
Social norm: see peers, teachers, older students, peers engaging	Scheduled activities	Goal attainment
Positive outcomes from skills	Recreation leagues	Attention from peer groups & older students
	Play partners	New equipment
<b>INTENTION</b>	<b>ACCESS REMOVED</b>	<b>NEGATIVE REINFORCEMENT</b>
To be active daily	Television	Embarrassment
To be active after school	Computer and video games	Discomfort
Try new activities		
Parents intention for activity		
<b>OTHER</b>		<b>SOCIAL SUPPORT</b>
		Teams
		Clubs
		Parents

**Table 1**  
**Intervention planning worksheet: factors influencing bedside nurses' involvement in palliative care**

<b>Target behavior</b>	Daily palliative care assessments and plans to address patient/family needs
<b>Target audience</b>	ICU bedside nurses
<b>Other key individuals</b>	ICU physicians, family members of patients, advanced practice nurses, palliative care teams

<i>Predisposing: stages of precontemplation and contemplation</i>	<i>Enabling: stages of preparation and action</i>	<i>Reinforcing: stages of maintenance of behavior</i>
<p><b>KNOW</b>            What is palliative care?            What are the key domains in a palliative care assessment?            How to assess patient symptoms, family support, communication about prognosis, and goals of care</p> <p><b>BELIEVE/VALUE</b>            Responsibility: It is my job to assess palliative care needs and work with the ICU team to address them            Possible positive impact: It is rewarding to connect with families and physicians about what really matters            Possible negative impact: Physicians get upset if I voice concerns            Efficacy: I can identify needs and bring together a plan to address them            Others expect me to play this role: hospital/unit leadership, physicians            Social norm: Senior and charge nurses, peers play this role</p> <p><b>INTENTION</b>            To assess patient symptoms on a daily basis and report to ICU team            To start discussions with families about prognosis and goals of care            To initiate discussions with physicians about prognosis and goals of care            To attend family meetings and actively participate in discussions</p>	<p><b>BE ABLE TO (skills)</b>            Assess patients' symptoms            Assess family understanding of prognosis and goals of care            Collaborate with physicians to develop a plan to address palliative care needs            Address family information and emotional needs in family meeting            Describe palliative care and the benefits of a consultation to a physician and a family member            Cope with stresses of ICU work</p> <p><b>ACCESS TO</b>            Effective, learner-centered communication skills training to practice palliative care communication            Physicians present in unit and willing to have discussions            Support at the bedside from advanced practice nurses to navigate difficult situations and barriers            Palliative care consultations for complicated patients</p> <p><b>BARRIERS REMOVED</b>            Even if physician not agreeable to palliative care consultation, unit resource nurses and advance practice nurses can be called to navigate difficult situations and barriers            Coverage from colleagues to facilitate discussions with family members and attending family meetings</p>	<p><b>REMINDED</b>            Nurse contributes palliative care assessment to team as part of daily rounds            Advanced practice nurses round on unit regularly to remind nurses to perform assessments</p> <p><b>POSITIVE REINFORCEMENT</b>            Positive connection with families and physicians            Feel you are making a difference to patients and families            Feel care you are providing is what patients really want, and know patients/family understand prognosis            Have the opportunity to voice concerns to family and physician            Praise from physicians, managers, advance practice nurses, palliative care teams, peers</p> <p><b>NEGATIVE REINFORCEMENT</b>            Physicians disregard/do not respond to nurses' concerns</p> <p><b>SOCIAL SUPPORT</b>            Support from peers in unit            Support from palliative care team members            ICU-palliative care committee meetings            Managers</p>

Abbreviation: ICU, intensive care unit.