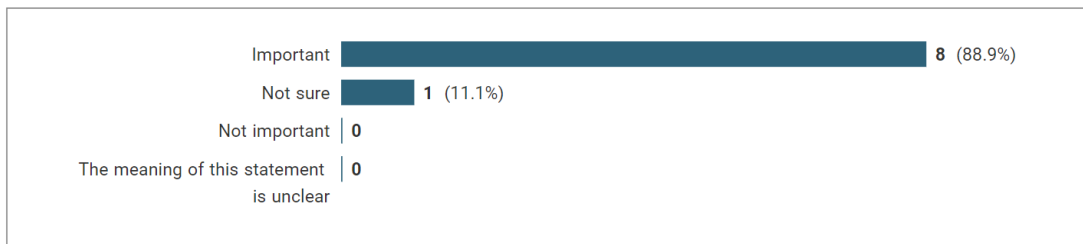
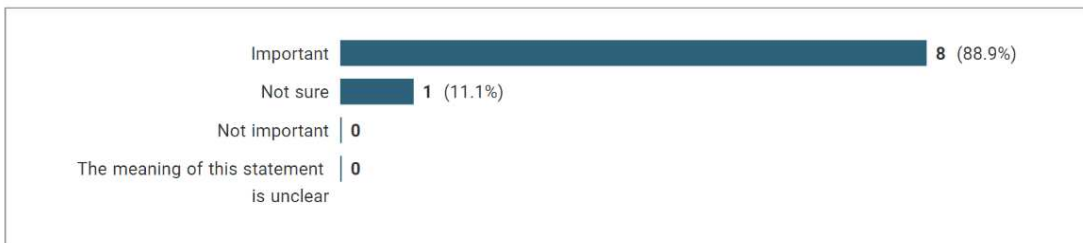


Supplementary file 6. Stakeholder IPT prioritisation online activity

1. If HCPs are given education about the signs, symptoms and risk factors of dysphagia, then they are more likely to proactively identify OD, because they have the appropriate knowledge.



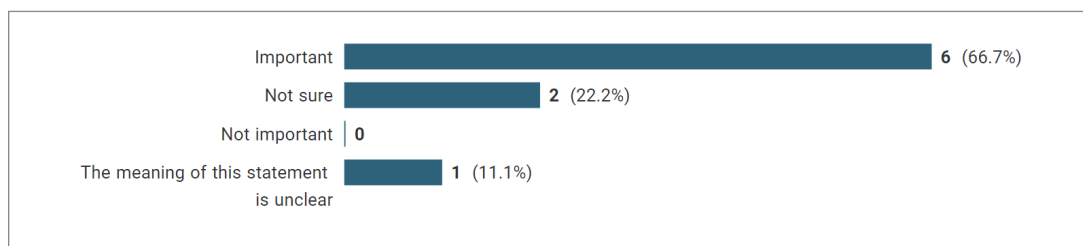
2. If HCPs are shown how to proactively identify OD by dysphagia specialists, they are more likely to carry this out, because they will have developed the necessary skills.



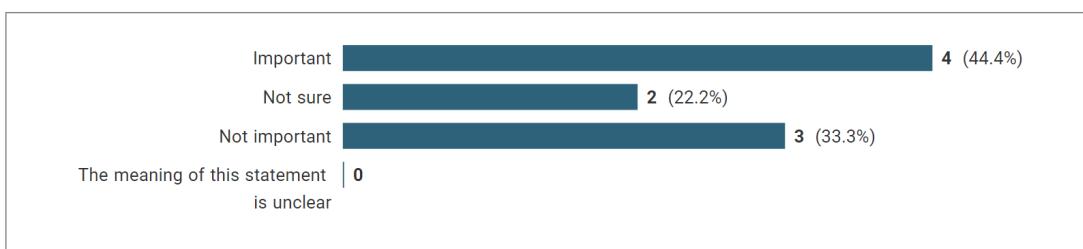
3. If HCPs are trained to give initial advice and support to patients with suspected OD, then they are more likely to provide this, because they have the necessary skills to do so.



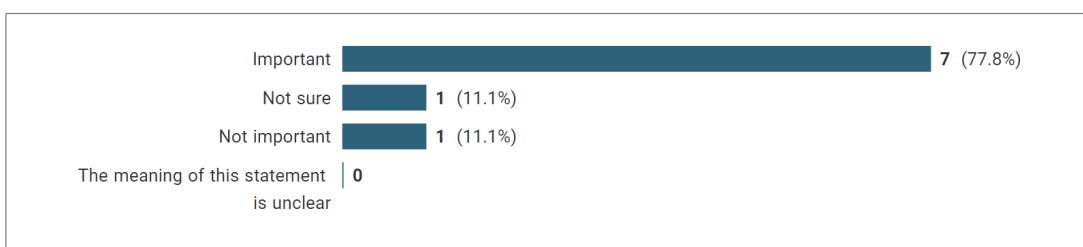
4. If HCPs perceive that their role includes proactively and providing initial advice and support for patients with suspected OD, then they will be more likely to carry this out, because they feel obligated to.



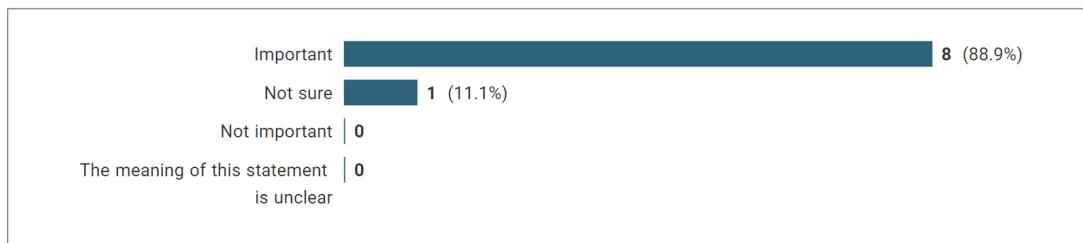
5. If HCPs receive encouragement (e.g. certificates/congratulations/verbal persuasion) that they have the knowledge and skills around OD, then they will feel able to proactively identify OD and provide initial advice and support to patients with suspected OD, because they will believe themselves to have the capability.



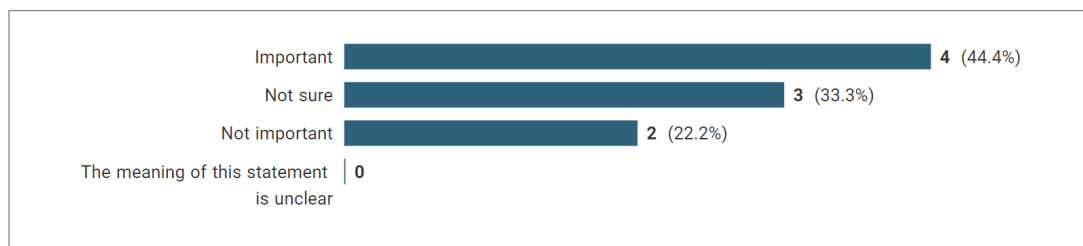
6. If HCPs hear about case studies of positive outcomes associated with proactively identifying OD and providing initial advice and support to patients with suspected OD, then they will be more likely to carry this out, because they will be confident that them undertaking the behaviour will also lead to positive outcomes.



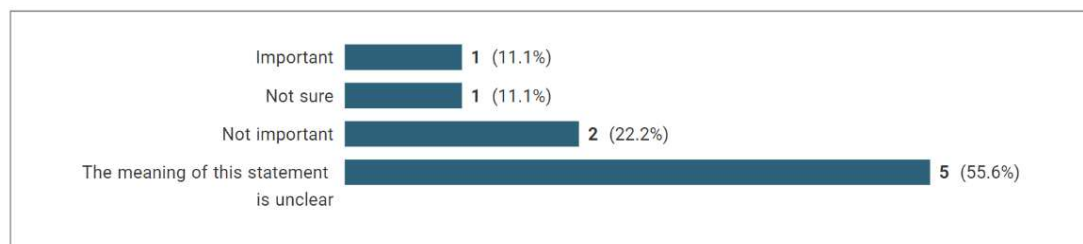
7. If the adverse outcomes that occur from unaddressed OD are highlighted to HCPs, then they will be more likely to proactively identify OD and provide initial advice and support to patients with suspected OD, because they are aware of the adverse consequences of not doing so.



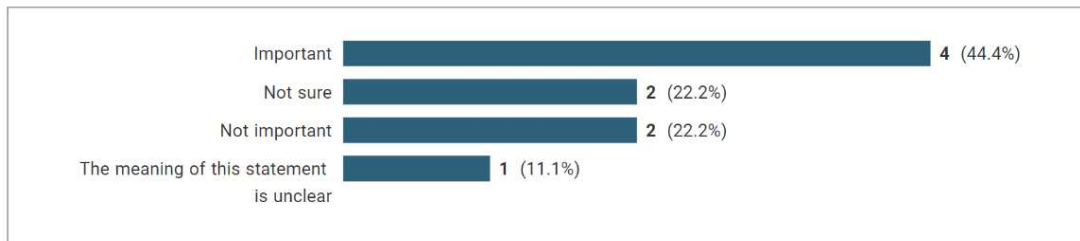
8. If the organisation incentivises proactively identifying and providing initial advice and support for patients with suspected OD, then HCPs will be more likely to carry this out, because they will be rewarded for doing so.



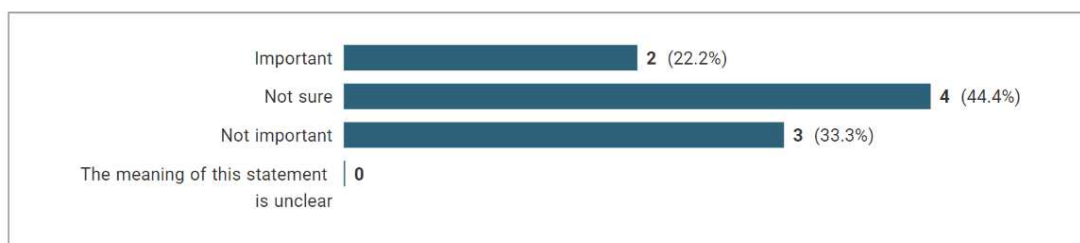
9. If HCPs make a conscious decision to proactively identify OD and provide initial advice and support for patients with suspected OD, then they will be more likely to carry this out, because they will have the intention to do so.



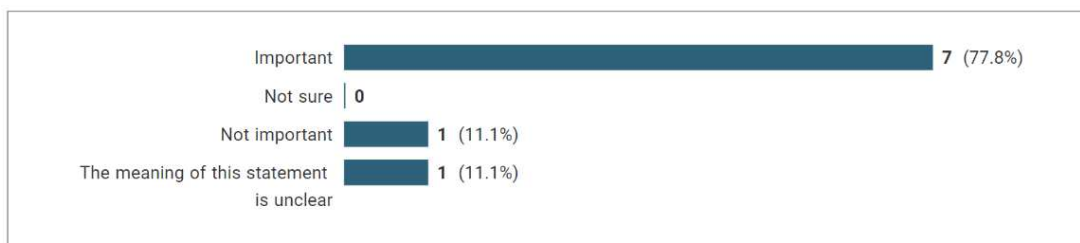
10. If HCPs have a decision support resource to guide them to provide initial advice and support to patients with suspected OD, then they are more likely to undertake the activity, because it facilitates appropriate decision making.



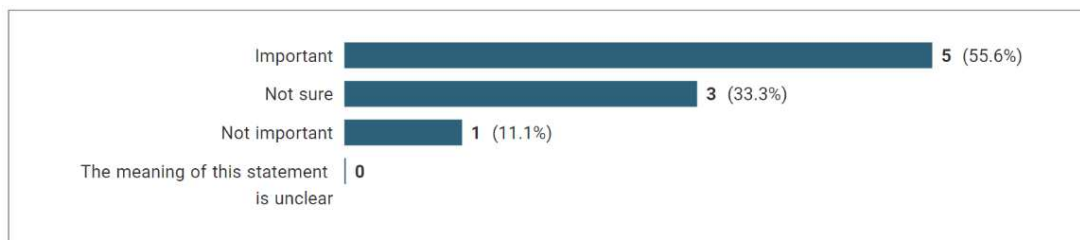
11. If there is a dysphagia champion, then HCPs will be more likely to proactively identify OD and provide initial advice and support for patients with suspected OD, because they will perceive it as important.



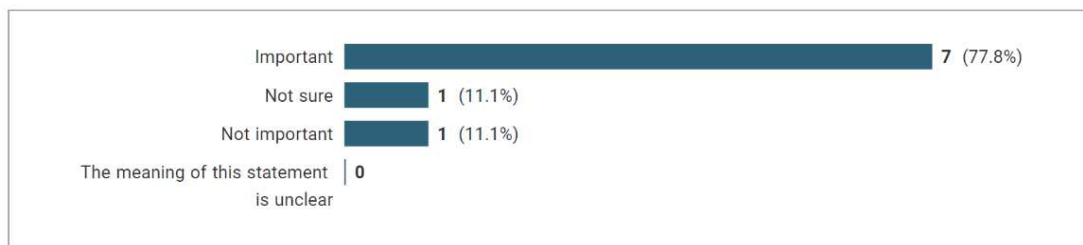
12. If HCPs have a screening tool to follow, then they will be more likely to proactively identify OD, because it facilitates decision making.



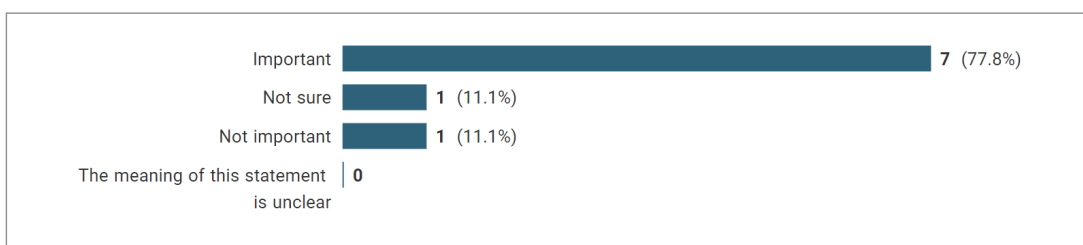
13. If prompts are incorporated into HCP work flow, then this will trigger HCPs to proactively identify OD, because they will be reminded to carry it out.



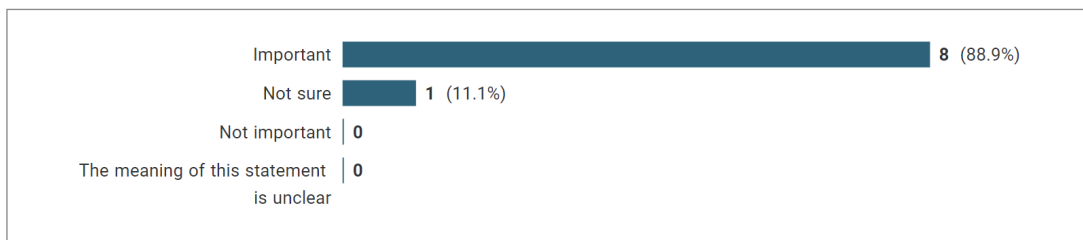
14. If HCPs have a decision support resource to guide them to provide initial advice and support to patients with suspected OD, then they are more likely to undertake the activity, because it facilitates appropriate decision making.



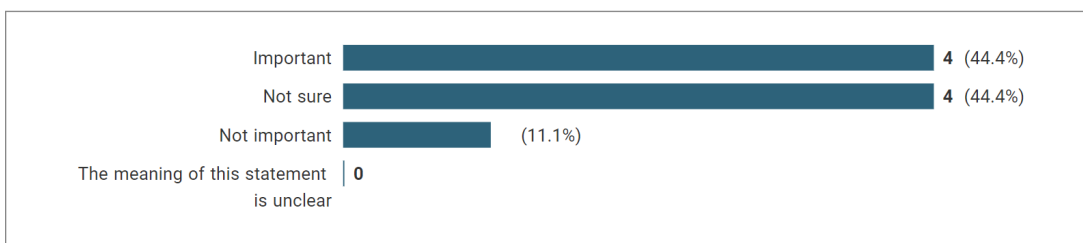
15. If HCPs have access to a screening tool, then they are more likely to proactively identify OD, because they have the necessary resources to facilitate this.



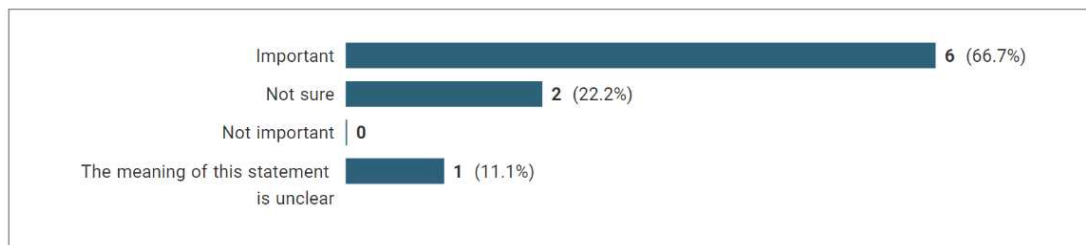
16. If there are websites, forums, information leaflets etc. to give to patients, then HCPs are more likely to provide initial guidance and support for patients with suspected OD because they have the required resources to give to patients.



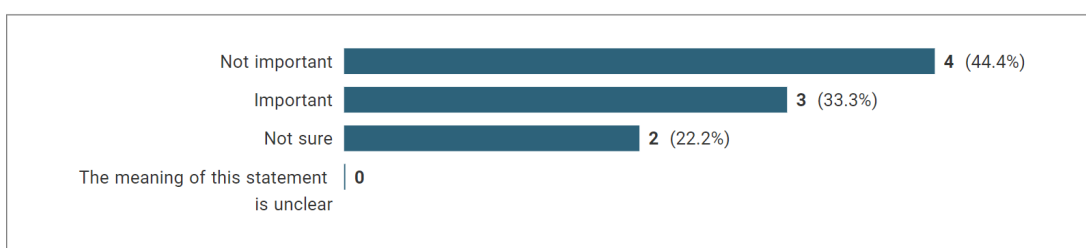
17. If HCPs have a guideline to follow, then they are more likely to provide initial advice to patients with suspected OD, because they have the required resources.



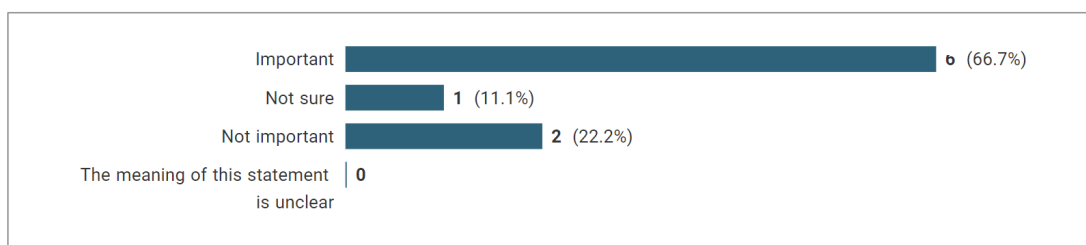
18. If HCPs' workplaces provide opportunities for relevant training, then they will be more likely to proactively identify OD and provide initial advice and support to patients with suspected OD, because they will have access to the required resources.



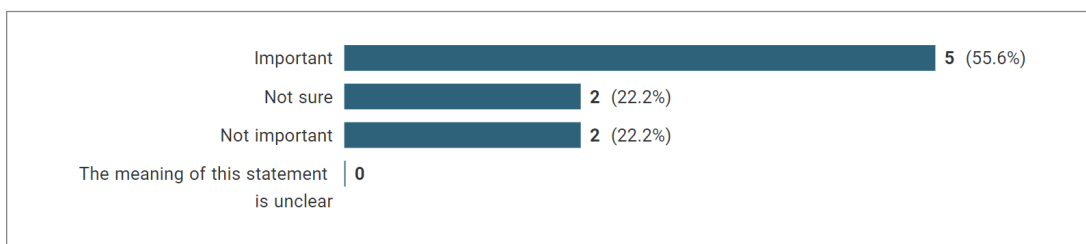
19. If HCPs observe that their peers are proactively identifying OD, then they will be more likely to carry this out, because they will be encouraged by their peers' behaviour.



20. If HCPs perceive that patients, carers and relatives expect initial advice and support, then they will be more likely to provide this, because they will feel obligated to do so.



21. If HCPs hear of patient experiences about the effects of OD/the benefits to getting a diagnosis, then they will be more likely to proactively identify OD and provide initial advice and support for patients with suspected OD, because they will feel more empathetic towards the patient experience.



22. If HCPs monitor the extent to which they proactively identify OD and provide initial advice and support for their patients with suspected OD, then they will be more likely to carry this out, because they will be able to evaluate their performance and make adjustments as necessary.

