# Driver Diagram – Worked Example

Now that you're more familiar with Driver Diagrams, Primary and Secondary Drivers, and Change Ideas, it's time for us to work through an example together. We're going to tackle the commonly occurring issue of inappropriate antibiotic prescribing. Our SMART aim will be as follows: to reduce inappropriate antibiotic prescribing in patients presenting with a sore throat, by 20% over the next 4 months.

Our first step is to add our SMART aim to the left of our diagram.

Now, we must generate some Primary Drivers. Ask yourself, what are the key components that lead to these patients being prescribed antibiotics inappropriately?
I'll ask you to pause the video, and jot down three Primary Drivers. You can use the interactive template we've provided at the bottom of this page to document your working.

In this case, we thought the three key components influencing our problem, and therefore our three main drivers, were:
- Clinician knowledge and experience
  - Does the clinician know when it is appropriate to prescribe antibiotics? And have they had much experience in doing so?
- Patient health beliefs
  - Does the patient expect to receive antibiotics following the consultation? Are patients aware that antibiotics are not always appropriate?
- Accessible guidelines
  - Is there a specific guideline you ought to follow in this case? And if so, is it easily accessible?

What did you come up with? It's very important to say that with all of these examples, there'll be more than three Primary Drivers, Secondary Drivers, and Change Ideas. There's no right or wrong answer – it's more about you applying your experiences to a problem to generate solutions that best fit your workplace.

Let's break down one of our Primary Drivers, to elicit some Secondary Drivers. What are the factors that affect clinician knowledge and experience? Take a couple of minutes now to pause the video, and write down three Secondary Drivers that stem from this.

The three Secondary Drivers that we generated from this were:

- Knowledge of the latest guidance
  - How familiar is the clinician is with both the most up-to-date guideline, and how to use it?
- Knowledge of the harms of over-prescribing
  - Does the clinician have a good awareness about the impacts of antibiotic resistance both on the individual, and at a population level?
- Wanting to "do something" for their patient
  - How strongly does the clinician feel that they have to prescribe the patient with some form of treatment?

Let's now move on to change ideas. As we know, a change idea is an intervention that will have a direct impact upon one at least one of our Secondary Drivers. For each of the three Secondary Drivers, (either using our Secondary Drivers, or your own), pause this video and jot down one change idea for each driver.

Using our examples, the ideas we generated were:

- For "knowledge of the latest guidance," we could display the guidelines on posters near to computers
- For "knowledge of the harms of overprescribing," we could deliver a teaching session on the harms of antibiotic resistance, and how to explain this to patients
- For "experience of "wanting to do something" for their patient," we could distribute a handout to clinicians detailing self-help remedies they can advise the patient to use

For further practice, you can now use our other two Primary Drivers as stems to produce more Secondary Drivers, from which you can generate change ideas. You can see how this compares to our completed Diagram, which is downloadable at the bottom of this page. This also includes good examples of how one change idea can have an impact upon a number of your Secondary Drivers.

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