Training and delivery of a novel fatigue intervention: a qualitative study of rheumatology health-care professionals’ experiences

Dures, E, Rooke, C, Hammond, A and Hewlett, S
doi.org/10.1093/rap/rkz032

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Training and delivery of a novel fatigue intervention: a qualitative study of rheumatology health-care professionals’ experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authors</strong></td>
<td>Dures, E, Rooke, C, Hammond, A and Hewlett, S</td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td>Article</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td>This version is available at: <a href="http://usir.salford.ac.uk/id/eprint/52640/">http://usir.salford.ac.uk/id/eprint/52640/</a></td>
</tr>
<tr>
<td><strong>Published Date</strong></td>
<td>2019</td>
</tr>
</tbody>
</table>

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: usir@salford.ac.uk.
### RAFT intervention overview

<table>
<thead>
<tr>
<th>Wk</th>
<th>1st hour</th>
<th>Supporting materials*</th>
<th>2nd hour*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Course purpose and expectations</td>
<td></td>
<td>Energy management</td>
</tr>
<tr>
<td></td>
<td>Ground rules: Commitment, confidentiality, homework</td>
<td></td>
<td>- Boom &amp; bust behaviour</td>
</tr>
<tr>
<td></td>
<td>Validating fatigue: Share &amp; discuss fatigue experiences (difference from flare)</td>
<td>H: Setting our course (groups’ ideas)</td>
<td>- Rewards/pitfalls of this</td>
</tr>
<tr>
<td></td>
<td>Self-management strategies, struggles and difficulty of changing habits</td>
<td></td>
<td>- Prioritise, pace, plan,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Choice is possible</td>
</tr>
<tr>
<td>2</td>
<td>What are your priorities for change, that would improve QoL?</td>
<td>T: Wheel of life (priority areas)</td>
<td>Goal setting (two groups)</td>
</tr>
<tr>
<td></td>
<td>What are your drainers and energisers?</td>
<td></td>
<td>- Short/long-term goals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Use peer group for ideas</td>
</tr>
<tr>
<td>3</td>
<td>Self-sabotage on the course</td>
<td>H: Best ways of self-sabotage</td>
<td>Goal-setting review</td>
</tr>
<tr>
<td></td>
<td>Sleep and rest: Hours needed? Quality v quantity</td>
<td>H: Getting a better night’s sleep</td>
<td>Successes/barriers</td>
</tr>
<tr>
<td></td>
<td>Sleep hygiene strategies</td>
<td>T: Sleep diary (if needed)</td>
<td>New goals</td>
</tr>
<tr>
<td>4</td>
<td>Stress and relaxation</td>
<td>H: Effects of stress</td>
<td>Goal-setting review</td>
</tr>
<tr>
<td></td>
<td>Personal stressors, bodily reactions</td>
<td>H: Relaxation practice guide</td>
<td>Successes/barriers</td>
</tr>
<tr>
<td></td>
<td>Relaxation rationale and techniques</td>
<td>T: Relaxation CD</td>
<td>New goals</td>
</tr>
<tr>
<td>5</td>
<td>Assertiveness and communication</td>
<td>M: Cartoon examples</td>
<td>Goal-setting review</td>
</tr>
<tr>
<td></td>
<td>Passive, manipulative, assertive?</td>
<td></td>
<td>Successes/barriers</td>
</tr>
<tr>
<td></td>
<td>Other people’s reactions to these?</td>
<td></td>
<td>New goals</td>
</tr>
<tr>
<td></td>
<td>Communicating your needs</td>
<td>H: Saying ‘No’</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Review self-help tools</td>
<td>M: Fatigue pit: Falling in/digging out</td>
<td>Goal-setting review</td>
</tr>
<tr>
<td></td>
<td>What have you learnt? Review each topic</td>
<td></td>
<td>Successes/barriers</td>
</tr>
<tr>
<td></td>
<td>Dealing with setbacks – what could you do?</td>
<td>H: The pit</td>
<td>New goals</td>
</tr>
<tr>
<td></td>
<td>Negative self-talk, automatic thoughts, rumination</td>
<td>H: Coping with setbacks</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Review last 8 wks; Skills; dealing with setbacks;</td>
<td>M: Islands: Were on a Desert island (passive) looking at the Mainland (100% health, ie unrealistic). Now on Adaptive Coping Island (realistic)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New goals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* H = Handouts, M = Metaphor, T = Tools

Reproduced from Hewlett S, Ambler N, Almeida C, Blair PS, Choy E, Dures E, Hammond A, Hollingworth W, Kirwan J, Plummer Z, Rooke C, Thorn J, Tomkinson K, Pollock J: Protocol for a randomised controlled trial for Reducing Arthritis Fatigue by clinical Teams (RAFT) using cognitive–behavioural approaches; BMJ Open 2015;5:e009061. doi:10.1136/bmjopen-2015-009061; an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY 4.0) license, which permits others to distribute, remix, adapt and build upon the work, for commercial use, provided the original work is properly cited. See: [https://creativecommons.org/licenses/by-nc/4.0/](https://creativecommons.org/licenses/by-nc/4.0/)
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
</table>
| Mon    | 10am – 12.30pm | a) Welcome & Introductions  
b) Intro to Cognitive Behavioural Approaches: ‘Ask don’t tell’  
c) Ground rules for group work |
|        | 1.30pm - 5pm  | a) Interview re: fatigue with patient co-applicants  
Practice Session 1:  
b) Validating the fatigue experience  
c) Energy management: Boom & bust (rewards/pitfalls), prioritise, pacing; barriers |
| Tues   | 9am - 1pm     | Practice Session 2:  
a) What are your priorities for change in your life? ‘Wheel of Life’  
b) What are your drainers and energisers?  
c) Interpreting Activity Diaries |
|        | 2pm - 5pm     | Practice goal-setting (for sessions 2-7)  
a) All tutors, in small groups  
*Homework: Prepare drainers & energisers for practice delivery tomorrow |
| Wed    | 9am - 1pm     | Practice Session 3:  
a) How would patients self-sabotage in the course?  
b) Sleep and rest  
c) Practice: Yesterday’s drainers and energisers (in groups) |
|        | 2pm - 5pm     | Practice Session 4:  
a) Stress and relaxation - Personal stressors, physiological reactions  
b) Relaxation rationale and techniques  
c) Practice: Diary review/goal-setting using your own diaries (in groups)  
*Homework: Prepare sleep and rest for practice delivery tomorrow |
| Thurs  | 9am - 1pm     | Practice Session 5:  
a) Assertiveness (passive, manipulative, assertive)  
b) Communicating needs  
c) Practice: Yesterday’s sleep and rest (in groups)  
d) Quality monitoring |
|        | 2pm - 5pm     | Practice Sessions 6 & 7:  
a) Reviewing our self-help toolkit, course consolidation  
b) Dealing with setbacks; Negative self-talk, automatic thoughts and rumination  
c) Islands metaphor (Session 7) |
RAFT Tutor interview schedule

Introduction
This is an opportunity to discuss your experience of RAFT. Hearing about your experiences will help us to understand the practicalities, challenges and benefits of training nurses and allied health professionals to deliver the programme. As well as telling us about this research trial, your views and ideas will inform how RAFT will be rolled out in the future.

Prior to RAFT
Please tell me about:
I. Your reason(s) for deciding to take part in RAFT
II. Any previous experience of working with groups
III. Any previous experience of using cognitive-behavioural techniques
IV. Any other relevant experience (e.g. training in motivational interviewing)

Training
We would like hear your thoughts on the 4 day training that you did in Bristol:
I. The content
II. The structure
III. Your experience
IV. Would you suggest any changes?
V. How did you feel about delivering RAFT after completing the 4 day training?
VI. How did you feel about the idea of delivering RAFT after doing your first practice run?

Delivery
We would like hear your thoughts on delivering the 4 cohorts:
I. Practical challenges
II. Personal/professional challenges
III. Co-tutoring
IV. Were there particular sessions or aspects of RAFT that you found problematic or did not like?
V. Clinical supervision
a. Was this a helpful part of the process? If so, how?
b. Were there any particular issues that you sought support for?
c. Did the nature of clinical supervision change over time?
VI. Did delivery of each cohort feel different? If so, how?

Impact on wider clinical practice
I. Has taking part in RAFT had any impact on your wider clinical practice?
II. Do you perceive any benefits to patients? / Do you perceive any drawbacks for patients?
III. Do you perceive any benefits for your professional development? / Do you perceive any drawbacks for your professional development?

In the future
Thinking about how we might roll out RAFT in the future:
I. Are you and your wider team likely to support the delivery of RAFT in the future?
II. Do you know whether you could access clinical supervision locally?
III. Do you think training needs to be face-to-face? In a group? Would DVDs be useful?
IV. Would you recommend changes to the manual? If so, can you describe them?

Close
Are there any other aspects of your experience or thoughts about RAFT in the future that you would like to tell us about? Thank you for your time