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

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SUPPLEMENTARY MATERIALS

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

* 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/;
## RAFT Training Timetable

<table>
<thead>
<tr>
<th>Day</th>
<th>10am – 12.30pm</th>
<th>1.30pm - 5pm</th>
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<tbody>
<tr>
<td>Mon</td>
<td>a) Welcome &amp; Introductions</td>
<td>a) Interview re: fatigue with patient co-applicants</td>
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<td></td>
<td>b) Intro to Cognitive Behavioural Approaches: ‘Ask don’t tell’</td>
<td>Practice Session 1:</td>
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<td></td>
<td>c) Ground rules for group work</td>
<td>b) Validating the fatigue experience</td>
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<tr>
<td></td>
<td></td>
<td>c) Energy management: Boom &amp; bust (rewards/pitfalls), prioritise, pacing; barriers</td>
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<tr>
<td>Tues</td>
<td>9am - 1pm</td>
<td>2pm - 5pm</td>
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<td></td>
<td>Practice Session 2:</td>
<td>Practice goal-setting (for sessions 2-7)</td>
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<tr>
<td></td>
<td>a) What are your priorities for change in your life? ‘Wheel of Life’</td>
<td>a) All tutors, in small groups</td>
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<tr>
<td></td>
<td>b) What are your drainers and energisers?</td>
<td></td>
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<tr>
<td></td>
<td>c) Interpreting Activity Diaries</td>
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<tr>
<td>Wed</td>
<td>9am - 1pm</td>
<td>2pm - 5pm</td>
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<td>Practice Session 3:</td>
<td>Practice Session 4:</td>
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<tr>
<td></td>
<td>a) How would patients self-sabotage in the course?</td>
<td>a) Stress and relaxation - Personal stressors, physiological reactions</td>
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<td>b) Sleep and rest</td>
<td>b) Relaxation rationale and techniques</td>
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<tr>
<td></td>
<td>c) Practice: Yesterday’s drainers and energisers (in groups)</td>
<td>c) Practice: Diary review/goal-setting using your own diaries (in groups)</td>
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<tr>
<td>Thurs</td>
<td>9am - 1pm</td>
<td>2pm - 5pm</td>
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<tr>
<td></td>
<td>Practice Session 5:</td>
<td>Practice Sessions 6 &amp; 7:</td>
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<tr>
<td></td>
<td>a) Assertiveness (passive, manipulative, assertive)</td>
<td>a) Reviewing our self-help toolkit, course consolidation</td>
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<td></td>
<td>b) Communicating needs</td>
<td>b) Dealing with setbacks; Negative self-talk, automatic thoughts and rumination</td>
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<tr>
<td></td>
<td>c) Practice: Yesterday’s sleep and rest (in groups)</td>
<td>c) Islands metaphor (Session 7)</td>
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<td>d) Quality monitoring</td>
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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