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

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SUPPLEMENTARY MATERIALS

Hammond Alison

RAFT intervention overview

Wk	1 st hour	Supporting materials*	2 nd hour*
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 ↑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 H: Getting a better night's sleep T: Sleep diary (if needed)	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: Relaxation CD	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; New goals	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



Mon	10am – 12.30pm	1.30pm - 5pm	
	a) Welcome & Introductions b) Intro to Cognitive Behavioural Approaches: ‘Ask don’t tell’ c) Ground rules for group work	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	2pm - 5pm	
	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	Practice goal-setting (for sessions 2-7) a) All tutors, in small groups	*Homework : Prepare drainers & energisers for practice delivery tomorrow
Wed	9am - 1pm	2pm - 5pm	
	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)	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	2pm - 5pm	
	Practice Session 5: a) Assertiveness (passive, manipulative, assertive) b) Communicating needs c) Practice: Yesterday’s sleep and rest (in groups) d) Quality monitoring	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