

Development of an intervention to increase adherence to nebuliser treatment in adults with Cystic Fibrosis: CFHealthHub

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First Intervention Visit: Worksheet

Participant ID:

Date:

Interventionist name:

Time:

Consent visit Motivation rating (from COM-BBQ): _____

Consent visit Confidence rating (from COM-BBQ): _____

1. I have turned on the Dictaphone
2. Are there prescription changes needed Yes No

These are:

3. Complete the online consent form with the participant
4. Briefly Introduce CFHealthHub

Check My progress Settings
CFHH App for smartphones
Navigation bar (top right)

Encourage participant to navigate

Personalisation settings:

Wallpaper explained
Notifications
Rewards messages
Data sharing allowed

5. Ask participant to navigate to My Toolkit and discuss

Show:

My Treatment modules
Treatment video(s)

Say: *This is tailored content, specifically designed for you based on your prescription and the answers that you gave to the questionnaire*

6. Discuss Motivation rating
(see top of page 1 of worksheet)

Say: *When you completed the questionnaires about the study you were asked to agree or disagree with the statement: 'I want to do all of my prescribed nebuliser treatment in the next 4 weeks'. (see motivation rating above) Why did you want to do your treatment that much?*

Key reasons for motivation given were:

Reflect and reinforce reasons

Say: *So you want to do your treatment because.....
You're absolutely right doing your treatment will....*

7. Show adherence graphs or charts, orientation to display and functions.

Graphs:

Default

Date slider

Target line

Traffic light colour scheme

Hover for times

Tables:

Weekly

Absolute values

Traffic light colour scheme

Any treatment is a success: focus on the positives

8. Review adherence and focus on successes Yes N/A

Key factors resulting in success were:

Say: What helped you to take your treatment? or: What was different about this day when you took your treatment

9. Ask about their nebuliser treatment on one (or two) day(s) last week

Identify which treatments are being missed:

Say: Tell me about your treatments on [Tuesday] - what did you take, when and in what order?

Look for a time when less treatment than normal was taken

10. Ask about factors affecting non-adherence Yes N/A

Key factors affecting non-adherence were:

Say: What got in the way of you taking your treatment? or: What was challenging this day when you did not take [all of] your treatment

11. Is motivation too low to continue? No **Go to part 12**

No/low intention to take treatment

Shuts down/not bothered

Other:

Yes **because:**

Identified from beliefs

Possible depression referred to PI __/__/2017

*Select one of these reasons and **Go to part 15***

Remind about times of good adherence

Remind about tools to help

Go to part 16

Say: Remember you did manage to do all of your treatment when.... or You've made a plan now that could help with that problem

15. Discuss confidence **(no goal set)** Yes

Focus on relationship building

You need to understand the motivational barriers to adherence. So ask open questions, listen carefully, and reflect back what is said to make sure that you understand

Say: When you completed the questionnaires about the study you were asked to agree or disagree with the statement: '**I am confident that I can do all of my prescribed nebuliser treatment in next 4 weeks**'. You said (see rating at top of worksheet sheet)

Why were you that confident?

What might help you to feel more confident?

Did you identify additional modules that should be added to **My Toolkit**?

Yes

No

16. Are there any suitable videos to add to the toolkit at this time?

Yes No

Choose videos that best match the characteristics of the participant e.g. gender, age, occupation, barriers encountered. (optional)

17. Review the session Yes

Remind how to log in

Remind how to access adherence charts

Remind how to access **My Toolkit**

Remind who to contact if problems

Ask if participants have any questions

Say: The most important thing is that we begin to learn how to help you with your nebuliser treatments. If this/these plans don't work, then don't worry. If that's the case then we'll work to find other plans and solutions to suit you when we meet next time.

18. Make/confirm appointment for next session Yes

Date and time:

Location/Mode

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