

Supplementary file:

The CHEERS Intervention Curriculum

Section 1: Introductions, housekeeping and aims

Participants' learning objectives

- To get to know the facilitators and the rest of the group.
- To understand general housekeeping issues (i.e. toilets, fire exits etc.).
- To know when breaks and refreshments will be.
- To realise that the session will be conducted in a relaxed and friendly manner and questions will be encouraged.
- To understand that everyone will be treated with respect and will be listened to.
- To understand the overall aims of the session and how these will be achieved.

Facilitator's role

- To record attendance on arrival.
- To welcome all patients and relatives.
- To introduce themselves and any observers and their roles.
- To ask all participants to introduce themselves to the group.
- To behave in a friendly and relaxed manner.
- To describe all housekeeping issues.
- To give times for breaks and refreshments.
- To treat everyone with respect and to listen to their problems.
- To explain the overall aims and plan of the session and what is hoped to be achieved.
- To encourage participants to ask questions at any time if they are unclear about something.

Teaching plan

The main aim is to set out clear expectations for all and to create an informal and relaxed feel that will encourage interaction.

Suggested script for 'introductions, housekeeping and aims'

- Welcome everybody and make introductions and any explanations brief and deliver in a 'chatty' manner sitting down.
- Outline the goals:
 - To understand the experiences of the group with controlling their BP.
 - To have a fact finding session about BP.
 - To consider ways of controlling BP.
 - To encourage effective goal setting.

Section 2: Blood pressure and me

Participants' learning objectives

- To understand the different experiences and perceptions of BP control for people with kidney problems as held by the group.
- To interact with the group and educators to find out what the key issues are for the group.

Facilitator's role

- To allow the group the opportunity to tell their experiences and perceptions of BP control.
- To highlight the key issues surrounding the groups understanding and perceptions of BP control.

Teaching plan

The aim is to explore the knowledge base of the participants and to get an idea about their self-efficacy and willingness to change their health habits.

Suggested script for 'Blood pressure and me'

- Ask participants to consider the following questions and to compare their experience with another member of the group before reporting back to the rest of the group:
 - How did you find out that you had high BP?
 - How did you feel?
 - What did you do?
 - What would you like to learn today?
- Compile a list of answers on a flipchart to highlight the key issues to visually summarise the information for the group.
- Thank everyone to reinforce the importance of his/her contribution.

Section 3: Fact-finding**Participants' learning objectives**

- To understand what BP is and how it works.
- To understand the link between high BP and kidney disease.
- To understand why we need to control BP.
- To understand why we measure BP.
- To understand how we measure BP.
- To understand what BP targets are.
- To understand how we can lower BP.

Facilitator's Role

- To inform and give knowledge about BP and kidney disease to help empower patients.
- To explain difficult concepts in ways which are easy to understand and to encourage participants to think about their BP.
- To answer any queries or issues which were raised by participants in the previous section.

Teaching Plan

The aim is to give the group the information that they need to know about BP. Diagrams and simple language are used to explain difficult concepts. Reflective questioning is used to encourage engaged thinking and prompt answers. Learning is also reinforced with the use of a practical demonstration and a problem-solving activity.

Suggested script for 'Fact-finding'

- Ask: *What is BP and how does it work?*
Answer: *Your BP is the pressure on the walls of your arteries (the tubes that carry the blood away from your heart and around the body).*
- Ask: *What happens as people get older?*
Answer: *As people get older and as arteries furr up, they become stiffer, and the pressure increases.*
- Ask: *What effect does high BP have on the arteries?*
Answer: *High BP (also known as hypertension) means more stress on the artery wall, which can lead to more damage and furring. As a result, our blood vessels become very narrow or even blocked, which can slow or stop blood getting round the body.*
- Draw a big tube on a flip chart and show how high BP and furring work to narrow the blood vessel.
- Ask: *Why do we need to control our BP?*
- Answer: *We need to control our BP to prevent our blood vessels from getting furred up and damaged so that blood can get round the body and take oxygen to our vital organs. These are parts of our body such as the brain, heart and kidneys.*
- Ask: *Does anyone know what happens if not enough blood gets to our vital organs such as the brain, heart and kidneys?*
Answer: *We could have a heart attack, stroke or cause kidney failure and this is why it is so important for us to control our BP.*
- Then proceed to look at the kidneys in more detail and how high BP can cause kidney failure.
- Ask: *What do our kidneys do?*

Answer: They act like a sieve to filter out toxins that we don't need from the blood and also help to regulate the amounts of fluid, minerals and vitamins in bodies.

- Draw a simple kidney on the flip chart with a tube going in and a tube going out. In the 'going in' tube draw red circles to represent blood and green circles to represent toxins and excess fluid etc. Proceed to draw a sieve under the kidney to demonstrate the filter process and then just draw red circles (minus the green circles) in the 'going out' tube to represent the filtered blood.

- Ask: What happens to the toxins and excess amounts of fluid etc that are filtered from the blood?

Answer: They go through the kidneys into the bladder and then into our urine.

- Demonstrate this using the diagram that you drew.

- Ask: What happens to this process if we have high BP?

Answer: Due to the 'furring' we have already discussed, high BP restricts the blood flow and oxygen getting to the kidneys and they are not able to function properly. Also, the high pressure over time causes the kidneys (the 'sieves') to get bigger holes that gradually destroy the 'sieves' and prevent the filter process. As a result, the kidneys are no longer effective at removing toxins and excess amounts of fluid, vitamins and minerals from our bodies and we need a dialysis machine to do the job for us.

- Ask: We have learnt how high BP damages our kidneys; do you think that kidney damage can cause high BP?

Answer: Yes. The filter system helps to keep our BP under control by regulating the amount of fluid in our blood. If this filter system is damaged in any way then this will cause our BP to rise.

- Ask: Is high BP common in people with kidney disease?

Answer: Yes, it is very common and it often develops when the kidney damage is very mild so many people may not even be aware of any kidney problems when they are diagnosed with high BP.

- Explain briefly the CKD stages (1-5) so that the participants understand the difference between mild and severe kidney damage.

- Ask: How do we know if we have got high BP?

Answer: High BP only rarely gives rise to symptoms when very high. The only accurate way to tell if you have high BP is to measure it.

- Ask: How do we measure BP?

Answer: We use a sphygmomanometer to measure BP.

- Show examples of a manual and electronic sphygmomanometers.

- Ask: Can anyone show us how we write BP numbers?

Answer: We write BP numbers like this '140/80'

- Ask: What do we call the top and bottom numbers?

Answer: The top number is called your 'systolic' BP and the bottom number the 'diastolic'.

- Write both words on flip chart to reinforce this point

- Ask: What is the difference between the systolic and diastolic?

Answer: The systolic is the high pressure as the heart is pumping and the diastolic the lower pressure as it relaxes.

- Use a volunteer to demonstrate that when the cuff gets really tight on the arm this is to measure the top number (the systolic pressure) and when the cuff is deflating this is measuring the bottom number (the diastolic pressure).

- Ask: How many times should we do this at one visit and why?

Answer: It is good practice to take the BP more than one time to check that the measurement is correct and that we are getting similar results for each measurement. Also, it is important that you are relaxed when you have your BP measured. Sometimes, when people are not relaxed, their BP can be higher than it really is. This is known as the 'white coat effect'.

- Ask: How does your doctor know what is happening with your BP?

Answer: It is important that the medical professionals know what is happening with your BP and this is why you will have your blood pressure taken on many of your visits to your local health centre or hospital. Sometimes, we may even send you home with cuff fitted to

your arm that will record your BP over 24 hours so that we can get a clear picture of what is happening.

- Ask: Why is self-monitoring useful?

Answer: Self-monitoring and writing down your BP on a regular basis will help your doctor develop a clearer picture of your BP patterns that is not just based on one-off results.

- Ask: What are BP targets and what do they need to be?

Answer: Targets are guidelines set by governing bodies based on available evidence. The target recommended for people with kidney disease is 130/80. Reaching this target is considered to reduce the risks of heart and kidney disease. We are much fussier for people with kidney disease because they have a higher risk than the general population. Sometimes, we may even aim for an even lower BP (125/75), if there are other problems that increase that risk such as protein in the urine.

- Write a few blood pressures on the flip chart, you ask which is on target and which is too high to test the participants' understanding.

- Ask: How can we lower our BP?

Answer: We can reduce our BP by:

- Taking our BP drugs
- Avoiding being overweight
- Keeping our alcohol intake down
- Reducing our salt intake
- Exercising regularly
- Stopping smoking

- Write these on a flip chart for use in the next session

Break for coffee

Section 4: How to control your BP

Participants' Learning Objectives

- To learn of practical ways to reduce BP.

- To understand current recommendations
- To understand that everyone is different things will work for different people.

Facilitator's Role

- To explore practical ways of reducing current recommendations.
- To discuss what is meant by the records.
- To help the group understand that what one person will not necessarily work for another person.

Teaching Plan

The main aim is to look at different ways of BP that the participants can adopt. The list compiled from the previous used as a prompt to explore the issues in more depth. This is done through group discussion and problem solving activities to help stimulate engaged thinking.

Suggested script for 'How you BP'

- Ask: Why does your doctor give you E

Answer: Large research trials show that tablets are effective at controlling BP.

- Ask: Does everyone take the same B?

Answer: Different tablets work for people and different combinations and numbers of tablets are required. The average number of tablets in renal patients to get levels is three.

- Ask participants to form two groups of the different types of blood tablets that they take.

- Ask the groups to report back after 10 minutes of discussion and write down answers on the flip chart – ramipril, nifedipine, atenolol).

- Circle the ends of any generic drug names that are the same

- Ask: Why do these drugs end in the same way?

wine, a pub measure of spirits or half a pint of ordinary strength lager or beer.

- Ask: How do you reduce your alcohol intake

Answer: Only drink alcohol in small amounts and avoid binge drinking.

- Ask: What are the recommendations for physical activity?

Answer: Aim to build up to 30 minutes of activity at least five times per week. Any activity you do should leave you slightly out of breath but you should still be able to talk.

- How can you increase your physical activity?

Answer: Being active doesn't have to mean jogging or aerobics. Walking on a regular basis is a suitable activity. Other good activities are cycling, dancing, swimming. The most important thing is to do something that you enjoy as that way you are more likely to stick at it. If you are not very active now, then you do need to take care to begin with and build up your activity levels gradually.

- Ask: What is the advice about smoking?

Answer: The advice is to stop smoking

- How can you give up smoking?

Answer: Some people can give up by themselves but for many it is extremely difficult to stop smoking. Help is available by contacting your GP or an advice help line (information available in folder).

- Ask: Why do we have recommendations?

Answer: Recommendations act as a guide for what we should be aiming for in order to reduce our BP effectively.

- Ask participants to come up with some practical ideas for helping to reduce weight, cut down on alcohol intake, reduce salt intake, increase exercise and stop smoking.

- Ask the group about their ideas and write these on the flip chart.

- Go through the list and ask each participant which ideas they like to show that different ideas will appeal to different people.

- Ask: Where else can we get useful ideas for making lifestyle changes?

Answer: Important sources of information include dieticians, nurses, doctors, the Internet, health leaflets. Renal patients should always check with a dietician / doctor if they are going to change their diet. Some foods that are healthy for the general population are not healthy for people with kidney disease.

- Show the group the 'Really Useful List' in their folders that details contacts and websites for more information on lifestyle change advice.

Section 5: Setting, achieving and maintaining goals

Participants' learning objectives

- To understand the importance of goal setting.
- To understand how to set achievable and realistic goals.
- To understand the barriers to achieving goals.
- To understand the importance of social support to achieve and maintain goals.
- To understand how to effectively communicate with the health professionals.
- To create an individualised action plan for controlling BP.

Facilitator's role

- To explain about goal setting and how to be successful at it.
- To explore what barriers can affect achieving goals.
- To emphasise the importance of social support to achieve and maintain goals.
- To give examples of types of goals.

- To encourage participants to communicate more effectively with health professionals.
- To help each of the participants to create a personal action plan.

Teaching Plan

The aim is to stimulate the group to think about how they can actually change their lifestyles and habits and use tools (self-monitoring and action plans) for doing so. Effective goal setting techniques and barriers to goal setting is explored through group discussion and examples. The group will also consider how they can maintain their goals through social support, effective communication with health professionals and by using a reminder letter.

Suggested script for 'Setting, achieving and maintaining goals

- Ask: Why do we need to set goals?
Answer: Goal setting is an important part of changing our behaviour. By setting goals, we are able to motivate ourselves and they give us something to aim for.
- Ask: Can you give me some examples of when we use goals?
Answer: We use goals in our jobs, resolutions, household tasks, travel etc.
- Write answers on flip chart.
- Ask: What stops us from achieving our goals?
Answer: There are many barriers to achieving goals – psychological, social, economical and physical factors all have an influence
- Write down any barriers identified by the group?
- Ask: What makes a good goal?

Answer: A good goal has to be relevant, understandable, measurable, behavioural and achievable.

- Write down the acronym RUMBA on the flip chart to help the group remember the above principles of effective goal setting.
- Ask: If for example, I want to reduce my BP because it is too high. Do you think that I will be able to make all the changes that we discussed earlier straight away?

Answer: Too many changes at once will not be achievable for many people due to the pressures of daily life.

- Ask: How can I change my goal to make it more effective?
Answer: The overall goal needs to be broken down into much smaller manageable steps that are much more relevant, understandable and achievable.

- Ask: Can you give me some ideas of changes that I could make to start me on my way?

Answer: Ideas could include walking to work three times per week instead of taking the bus, having no extra salt on my food, only having two glasses of wine on a Friday night etc.

- Write these ideas on the flip chart
- Ask: I have picked three changes that I want to make. Would you pick the same changes?
Answer: Different people will need to make different changes so that they are relevant to them.

- Ask: In the long-term what do I want these changes to become?
Answer: In the long-term, these changes will hopefully be part of a daily routine like making the bed or doing the shopping.

- Ask: Is it effective to evaluate our success in terms of long-term behaviour?

Answer: We get very set in our ways and we need to remember that changing our behaviour after doing something different for many years can be very difficult. So, to start of with, it is probably best to set a short-term goal that is done over a week.

- Ask: If after one week I have achieved my goal, what do I need to do next?

Answer: After the first week you can set a new goal to continue for another week and so on until goal setting becomes part of your behaviour. What is important is that you are always in control. If you build the changes up slowly, you will probably find that achieving your goals will become much easier and more enjoyable.

- Ask: If I am finding something hard what should I do?

Answer: If a goal is to hard to achieve it should be reconsidered and reshaped to make it more achievable (e.g. break down 20 minutes of exercise in to two 10 minute sessions).

- Ask: How can we keep motivated to keep achieving our goals?

Answer: Ideas could include self-motivation, group support, family support, access to information, joining fitness clubs, smoking cessation clinics etc.

- Write down any ideas on the flip chart
- Point out the list of support groups, clubs etc in the manual that people could access.
- Ask: Is anyone is a member of a club or group already that they could recommend to the others?
- Ask: What role does fear play in all this?

Answer: Fear often stops us from doing things. Remember that we all have our anxieties and worries. The first step is a hard one but once we take this step then reaching our goals becomes easier.

- Ask: Do you think that knowing more about your health will have an effect on motivation?

Answer: If you take an interest in your health and start paying attention to your blood pressure figures and writing down results when you go to the doctor, you will hopefully find that this too will help your motivation and will get you to make lifestyle changes.

- Point out the section in the folders for recording BP and suggest that this monitoring sheet can be used for every health visit.

- Ask: Is this information useful for your doctors too?

Answer: By doing this, you will be able to track your own health and this will be helpful to both you and your doctor. By asking them for your results and by writing them down, you are also showing them that you are interested in your health and want to know more.

- Ask: Who is in control of your BP – you or the doctor?

Answer: The doctor wants to keep your BP well controlled and so do you. You have to work together to achieve this.

- Ask: How can you communicate more effectively with health professionals to find out what you need to know?

Answer: You can ask them to explain something to you in simple terms. We often use words that people don't understand. If patients are not happy with their tablets or some other aspect of their care they need to say so. If a patient wants advice then they need to ask for it. As health professionals, we try to meet patients' needs but we don't always know what patients want and sometimes we need a bit of help from them. Writing questions down is a useful way of remembering what you want to ask.

- Write a list on the flip chart of the ways in which the participants could improve their communication with their health professionals.
- Ask each of the participants to create an action plan using the section in their folders to set out the goals that they would like to make using the information that they have learnt.
- Give help if required
- Ask the group to write these goals in a self-addressed letter and tell them that this will be sent to them in a few months time as a reminder.

1.1.1 Section 6: Summary and take home message

Participants' learning objectives

- To have a clear understanding of the importance of controlling BP.
- To feel empowered and able to make lifestyle changes to control their BP.

Facilitator's role

- To summarise all the main aims to help consolidate knowledge.
- To help the group feel empowered and to give them the confidence that they need to make lifestyle changes.
- To offer further support if required.

Teaching plan

In this final session, the aim is to do a brief summary of all the main learning outcomes to help get the message across that the control of BP is very important for health. The group is then encouraged to take control and to use the skills that they have learnt.

Suggested script for 'Summary and take home message'

- Ask: What have we learnt today?

Answer: We have learnt all about BP and why it is so important to control it to prevent heart attacks, strokes and kidney disease. We have looked at the targets that we need to achieve and the changes that we can make to do this. Finally, we have talked about how to set realistic goals for making lifestyle changes and how we can maintain these goals in the future.

- Ask: Does anyone have any further questions?

- Tell the group that if they have any more questions or want more advice they can feel free to contact yourself. The number is in the folder and you are happy to give advice and support over the phone.
- Ask the group to fill out an evaluation form.
- Take home message: I'd like to thank you all for coming today and hope that you have found the session to be of use. All of you now have your folders so that you can record your results and goals and to help you keep in control of your BP and your health. You have set some goals today and now you need to leave here and achieve these goals. You all have the ability to make changes, so make the choice and be in control!
- Write BE IN CONTROL in bigger letters on the flip chart to emphasise this take home message.