**TIDiER checklist for healthy conversations skills**

|  |  |  |
| --- | --- | --- |
| **BRIEF NAME** |  | **PAGE** |
| Provide the name or a phase that describes the intervention  | Healthy Conversation Skills |  |
| **WHY** |  |  |
| Describe any rationale, theory or goal of the elements essential to the intervention | In order to support long-term health and well-being patients need to be supported to adopt a physically active lifestyle in the months and years following surgery. The period of active preparation for surgery is emotionally salient where patients are more receptive to making lifestyle changes. Evidence suggests behaviour change interventions with a theoretical underpinning are more successful than those without. Therefore an evidence-based theoretically informed behavioural change support intervention is being delivered alongside the supervised exercise sessions to support long-term physical activity behaviour.  |  |
| **WHAT** |  |  |
| Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL). | No information materials were provided to participants. Intervention providers are supplied with a goal setting sheet to support follow-up consultations at 12 weeks and 6 months post-surgery. |  |
| Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities. | Trainers employ their healthy conversation skills during each exercise training session with participants, supporting goal setting for physical activity following surgery. Intervention providers are supplied with a goal setting sheet to support follow-up consultations at 12 weeks and 6 months post-surgery. At these follow-up sessions the use of local physical activity opportunities including exercise referral schemes and community based physical activity groups is discussed with participants.  |  |
| **WHO PROVIDED** |  |  |
| For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given. | Intervention providers are accredited Level 3 or Level 4 personal trainers. Level 3 personal trainers are qualified to receive exercise for health referrals.Level 4 personal trainers are qualified to receive exercise for health referrals in specialist areas, with Level 4 personal trainers working on WesFit having a qualification in Cancer and Exercise Rehabilitation.Training of intervention providers followed the Healthy Conversation Skills methodology. In brief, this includes one 3.5-hour and one 3-hour group training session and an individual online learning module to provide trainees with basic knowledge of behaviour change interventions and allow them to develop a reflective practice and implement the new skills. Training is delivered by accredited trainers.  |  |
| **HOW** |  |  |
| Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group. | Individual face-to-face training sessions. Follow-up sessions at 12 weeks and 6 months are delivered by telephone. |  |
| **WHERE** |  |  |
| Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features | The majority of exercise sessions are delivered in community gyms with the exception of patients deemed to be high risk who participate in the hospital setting for safety reasons.  |  |
| **WHEN and HOW MUCH** |  |  |
| Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose | Participants have 3 x 40-minute sessions per week (2 x 30-minute sessions per week if on cancer therapies) for 2 to 15 weeks depending on length of time until surgery. 12-week and 6-month follow-up calls last approximately 20 minutes.  |  |
| **TAILORING** |  |  |
| If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how. | Healthy Conversations Skills is a person-centred methodology and goal setting, action planning for future activity and discussing further exercise opportunities will employ an empowering and personalised approach for the participants to be in control of their actions.  |  |
| **MODIFICATION**  |  |  |
| If the intervention was modified during the course of the study, describe the changes (what, why, when, and how). | Trial ongoing |  |
| **HOW WELL** |  |  |
| Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them. | An accredited trainer will attend at least one training sessions for each trainer to ensure HCS is being delivered as intended. Trainers will be asked to complete post session checklists to reflect on their skills and tools and techniques used. |  |
| Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned | Trial ongoing |  |