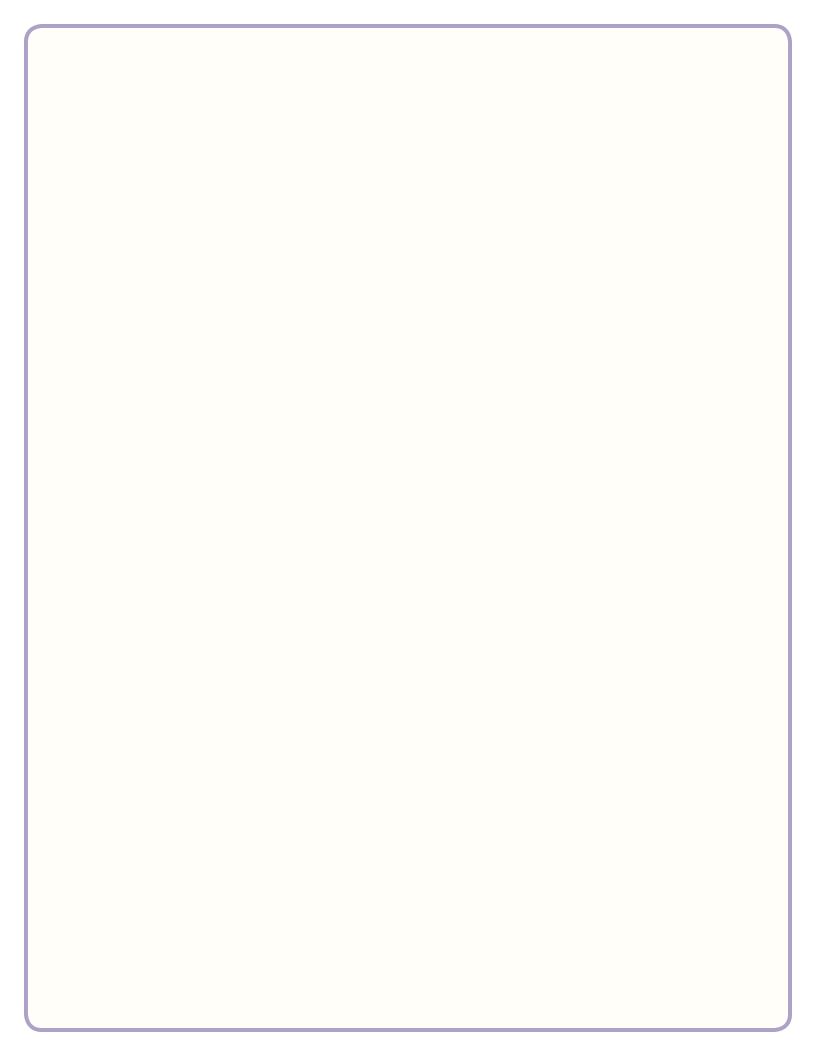


# **BEING ACTIVE**

**FACILITATOR RESOURCE** 



## **NOTES**

## **RESOURCES MENU**

- 1. Your Kidney Health Team
- 2. Meet Your Kidneys!
- 3. Balance
- 4. Connections
- 5. Healthy Eating

### 6. BEING ACTIVE

- 7. Taking Medicines
- 8. Healthy Blood
- 9. Bone Health
- 10. Blood Pressure
- 11. Acid Balance
- 12. Growth
- 13. Chronic Kidney Disease
- 14. Family Coping Resources
- 15. My Coping Resources
- 16. Glossary







## **6. GLOBAL LEARNING OBJECTIVES**

Global Learning Objective: By the end of this session, the children and their family will be able to:

- describe how exercise and an active lifestyle keep our bodies and minds healthy
- develop a plan to include healthy activities in their daily life.

#### KIDNEY HEALTH MODULES DESIGN OVERVIEW

This material was compiled and designed to meet the needs of the diverse children, their families, caregivers and the health care providers who will be facilitating learning about how to live well with chronic kidney disease.

The design incorporates findings from research on providing health education information to children and adults. A number of families agreed to allow the consultant observe their appointments and interview them about learning about and managing their or their child's chronic kidney disease. In addition, health care providers received a questionnaire and were interviewed about their priorities for children and families in order to manage CKD effectively.

To determine initial topic areas, children and families were asked what was most important to know and most important to be able to do to manage their disease well. The Project Team considered what is required to manage CKD well from their perspective. From this information, topics were grouped into the resulting 16 topic areas. Certainly, for parents and children, "being able to do" things to manage CKD took priority over understanding so much about the disease.

Once the topic areas were determined, the consultant worked with pediatric nephrology health care providers to determine learning objectives for the 3 developmental stages and parents and caregivers.

Using plain language principles and best practices for developmental stage learning design, modules were designed to guide learners towards achieving the learning objectives.

Each module begins with an overview of all learning objectives. The learning objectives are informed by the Key Messages and Clinical Targets which are supported by Resource Materials for the facilitator for each module.

Each section of the module begins with reminders about your approach, appropriate for each developmental level. There is ample white space for you to write your own notes and ideas for delivery.

The Parent and Caregiver Resource provides highlights of the concepts and terms for each module as well as the full glossary for that module. There is also a listing of relevant online and library-available resources.

#### **FACILITATING LEARNING**

Facilitating learning puts the emphasis on the learners and their interests and abilities rather than on an outside entity. How does this affect what you, as the healthcare provider, do?

- Work with people where they are at.
- If families are not ready to make a change, they do not need to sit through the presentation of materials. You may want to just give the Activity Sheet to these people. Or you may wish to start a conversation about what the Kidney Health Team can do to help the family feel they are ready to make some changes.
- Use Motivational Interviewing techniques.
- Be careful not to ask for more than one change at a time.
- Not everyone will be able to understand or use the information in the same way. You may find yourself revisiting modules with some children and families repeatedly while others will go away and look into things on their own.
- You will be helping people learn how to manage the disease rather than learn about the
  disease and understand why the doctor or healthcare team is recommending certain types of
  management.

#### Connecting and Relating Learning

A key premise of this work is interconnections. As a facilitator, find ways of linking concepts and tools throughout the modules. As much as possible, concepts are built upon throughout the modules. For instance, in Connections we begin to talk about heart health and kidneys. In Blood Pressure, we build upon that knowledge and introduce the concept of perfusion.

#### Applying information

Encourage children and families to refer back to information and use the concepts and terms presented. Make sure they are holding the "story books" flipping through them and back and forth in a way that makes sense to them. The concepts and information designed are age-appropriate, clinically and medically accurate and meant to be applied. The Activity Sheets are designed for use people at all levels to reinforce vocabulary and concepts.

#### Visual Learning

The vast majority of people are visual learners rather than auditory learners. Interesting graphics that tell a story are a more effective way for many people to learn than either listening to information on its own or reading dense information. You will notice that the glossary terms are supported through graphics linked to concepts introduced in the modules.

#### **Literacy Levels**

In Manitoba, 40% of working adults have low literacy levels. Give people time. Let them contemplate the graphics. Keep your language plain.

#### **RESEARCH KEY FINDINGS**

## **Developmental Stages and Learning Design Key Points**

- Importance of play in learning and education for all levels.
- School-age: time to create and reinforce healthy rituals.
- Adolescence: begin to share consequences but limited.
- Delivery of learning is key: recommendation to embrace motivational interviewing as intervention approach.
- Use of transtheoretical / stages of change model.
- HCP as facilitator of learning.

#### **Child / Parent Consultations Summary Key Points**

- The "how" needs to come before the "why" in educating. Some patients and families may never get to the "why."
- Global approach to living healthily and move towards the rationale.
- The lived experience is how we need to think about the learning and educating.
- Appreciation for visual cues and teaching aids.
- Need for useable, family-friendly diet information:
  - shopping lists and pantry list.
  - meal plans for breakfasts, lunches, dinners, snacks that are kidney health friendly and will work for whole family.
- Patients and families do and want to learn from each other.
- Value in emailing nurse clinician.

### Best Practices for Health Education Summary Key Points

- Emphasis on action-oriented teaching: what people need to do and how to do it.
- Put positive in front of negative: provide hope rather than feed despair.
- Use simple pictures and graphics to display proportions.
- Plain language is not "dumbed down": it is simply clear.

For more information, contact any member of the Kidney Health Advisory Group:

Angela Chotka, MA Julie Strong, BN Tom Blydt-Hansen, MD Diane McKenty, RN

### **DEVELOPMENTAL LEVEL OBJECTIVES**

By the end of this session:

### The Pre-School Age Child will be able to:

- a) point to pictures of children being inactive (screen/ laying on couch vs active (hockey, running, on playground, being outside with parent)
- b) name their favourite healthy activity that they do

#### Possible activities include:

## The School Age Child will be able to:

- a) name healthy physical activities available to them that they can take part in every day
- b) identify how their body feels when they are doing physical activities (increased heart rate, flushed face, talk can't sing, etc)
- c) know that their body benefits from healthy activity (heart, brain, bone, blood, kidneys, mood ...)
- d) create an activity calendar to bring to appointments (stickers showing activities)

**Possible activities include:** predicting activity intensity levels using pictures of different fitness levels and intensities; resources to activities (chair exercises etc on youtube);

#### The Adolescent will be able to:

- a) describe what they can do to eventually achieve one hour of moderate to intense activity each day
- b) develop achievable action plan with HCP (MI intervention) that deals with barriers for client
- c) identify intensity levels of activities

#### Possible activities include:

### The Parents and Caregivers will be able to:

- a) recognize that healthy physical activity is important for whole family
- b) commit as best as possible for whole family to take part in physical activity
- c) create positive reinforcement for activity
- d) understand being a role model for healthy physical activity influences their child's behaviour
- e) limit screen time

**Possible activities include:** identifying screen time and learn about its negative effects.

#### **KEY MESSAGES**

- 1. An active lifestyle is important for normal growth and development. Increasing physical activity of any kind is good for health. Healthy activities should be a part of the daily routine.
- 2. Each person is at a different stage of readiness for change regarding physical activity. Assessment is required prior to intervention.
- 3. Physical activity should be fun and rewarding for the participant, and will depend on personal choice and accessibility of community resources. Accessibility of resource needs to be assessed on a community-specific basis, to guide intervention. Unstructured activities (i.e. non-resource based) are equally encouraged as those requiring specific resources (e.g. gym, pool), and will depend on patient/family preference and access.
- 4. Levels of physical activity range from low to high intensity. High intensity activity is best for health promotion. The types of activities that qualify as high intensity will vary depending on the exercise capacity of the individual. High intensity can be defined in physical terms: e.g. activity that increases heart rate, makes you flushed (or sweating) and increases respiratory rate (halted speech, unable to sing during activity).
- 5. Health providers must take a motivational interviewing approach to increasing levels of physical activity with patients and families. Increasing levels need to be done gradually, but with a view to achieving a long-term goal. This requires a positive approach and reinforcement of prior successes toward the goal.
- 6. Support a family-based intervention, promoting the benefits of physical activity for everyone in the family, not only for the benefit of the patient. Also support role-modelling of parents and siblings; Children are more likely to take part in physical activity if the whole family participates.
- 7. Replace unproductive screen time with physical activity whenever possible. This excludes things like schoolwork. Parents are encouraged to take ownership over screen time for their children, i.e. limit-setting on time each day.
- 8. Children who increase physical activity benefit by:
  - o healthier body weight and improved blood pressure control
  - o reduction of diabetes risk, fatty liver and cardiovascular disease
  - o improved control of diabetes
  - o improved academic performance and sense of well-being
  - o better self-image and increased confidence levels

## TARGETS FOR FACILITATORS TO BE AWARE OF

- 1. Understand stages of change, regarding physical activity participation (per motivational interviewing philosophy).
- 2. Intervention on activity to be guided by current state of readiness for change.
- 3. Integrate intervention in a family-centered model.
- 4. Minimum of 1 hour/day of physical activity recommended, per national guidelines; to be achieved progressively.
- 5. 15 minutes of high intensity activity is superior to 1 hour of low-intensity.
- 6. Limit screen time recommended <2 hours in older kids, <1 hour in pre-school (age 2-4 years) and zero in children <2 years (per CPS guidelines).
- 7. Height percentile and velocity, from plotted growth curves are used to identify growth delay -WHO Growth Charts.
- 8. BMI and waist circumference normal ranges are used to assess level of obesity.
- 9. Testing for exercise capacity (e.g. VO2 max) is available, but on a case by case basis.

### **MOTIVATIONAL INTERVIEWING**

#### Five General Principles of Motivational Interviewing:

- 1. Express empathy
- 2. Develop discrepancy
- 3. Avoid argumentation
- 4. Roll with resistance
- 5. Support self-efficacy

### Responses that are NOT Reflective Listening:

- 1. Ordering, directing, or commanding
- 2. Warning or threatening
- 3. Giving advice, making suggestions or providing solutions
- 4. Persuading with logic, arguing, or lecturing
- 5. Moralizing, preaching, or telling clients what they should do
- 6. Disagreeing, judging, criticizing, or blaming
- 7. Agreeing, approving, or praising
- 8. Shaming, ridiculing, or labeling
- 9. Interpreting or analyzing
- 10. Reassuring, sympathizing, or consoling
- 11. Questioning or probing
- 12. Withdrawing, distracting, humoring, or changing the subject

### Assumptions to Avoid:

- 1. This person OUGHT to change
- 2. This person WANTS to change
- 3. This person's health is the prime motivating factor for him/her
- 4. If he or she does not decide to change, the consultation has failed
- 5. Individuals are either motivated to change, or they're not
- 6. Now is the right time to consider change
- 7. A tough approach is always best
- 8. I'm the expert: He or she must follow my advice
- 9. A negotiation approach is always best

#### PRE-SCHOOL LEARNING



#### PRE-SCHOOL LEARNING OBJECTIVES

Remember ... children can use words and images to represent objects but are not yet reasoning logically.

## The Pre-School Age Child will be able to:

- a) point to pictures of children being inactive (screen/ laying on couch vs active (hockey, running, on playground, being outside with parent)
- b) name their favourite healthy activity that they do

#### Possible activities include:

#### **MY APPROACH**

- 1. Review Motivational Interviewing.
- 2. Assess where family is at re: Stages of Change.
- 3. Remind family that the Kidney Health Team and the child and family are on the same team.
- 4. Acknowledge what children do or say.
- 5. Model attitudes, ways of approaching problems and behaviours towards others rather than telling them.
- 6. Ask questions to provoke thinking; describe pictures.
- 7. Provide hints to assist children when they are struggling with concepts.
- 8. Offer a variety of choices when children are trying to find the answer.
- 9. While your time is limited, try to give children and family time to think about the material and messages.

#### **LEARNING SUPPORTS**

Have you got the Learning Supports you might want to use?





## 1. Possible dialogue:

What do you see in this picture?

## Possible responses:

- Children playing
- Happy children
- Children running around
- They are all busy
- Children having fun
- The children are being active.

## How do the children look?

- happy
- healthy
- like they are having fun

## 2. What are the Kidney Twins and children doing now?

## Options:

- Playing video games
- Not very much

### How do the children look?

- Tired
- Bored
- Alone
- Unhealthy
- Not very friendly





\* Facilitator Note: Try to get child to name a favourite physically active activity.

If appropriate, ask about physical activities they do together as a family.



4. Look at the pictures.

Do you know which activity is healthy?

Which activity is not so good for you?

**UP NEXT: SCHOOL AGE LEVEL** 

#### SCHOOL AGE LEARNING



#### SCHOOL AGE LEARNING OBJECTIVES

Remember ... children can think logically about concrete objects and can apply rules in a consistent way.

#### The School Age Child will be able to:

- a) name healthy physical activities available to them that they can take part in every day
- b) identify how their body feels when they are doing physical activities (increased heart rate, flushed face, talk can't sing, etc)
- c) know that their body benefits from healthy activity (heart, brain, bone, blood, kidneys, mood ...)
- d) create an activity calendar to bring to appointments (stickers showing activities)

**Possible activities include:** predicting activity intensity levels using pictures of different fitness levels and intensities; resources to activities (chair exercises on youtube);

#### MY APPROACH

- 1. Review Motivational Interviewing.
- 2. Assess where family is at re: Stages of Change
- Remind family that the Kidney Health Team, parents and child work together to create the best kidney health for the child.
- 4. Pay particular attention to family's situation. Healthy activity is complex for many reasons.
- 5. Provide information, directly giving children facts, labels and other information.
- 6. Ask questions to provoke thinking; ask children to describe pictures.
- 7. Provide hints to assist children when they are struggling with concepts.
- 8. Offer a variety of choices when children are trying to find the answer.
- 9. While your time is limited, try to give children and family time to think about the material and messages.

#### **LEARNING SUPPORTS**

Have you got the Learning Supports you might want to use?





#### 1. Possible dialogue:

Can you see the Kidney Twins? What are they doing? What are the children doing?

Possible responses:

- Playing
- Running around
- Being busy

How do the children look?

- Нарру
- Like they are having fun
- Healthy
- Their cheeks are red

When you are playing hard like this, your face gets red and it's hard to talk. Does this happen to you?

That's the kind of activity we want you to do every day: 1 hour of energetic play each day!

### 2. What are the Kidney Twins and children doing now?

#### Options:

- Playing video games
- Not very much

How do the children look?

- Tired
- Bored
- Not very friendly
- Unhealthy

Can you notice how the mood of the children seems different?

When we move our bodies, it's great for our mood.





### 3. Do you know what "screen time" is?

Screen time is any time we spend looking at screens. When are you looking at screens?

- Watching TV
- Playing on the computer
- Playing on the ipad
- Doing homework on my computer
- Texting on a cellphone

Do you have an idea how much "screen time" you get each day?

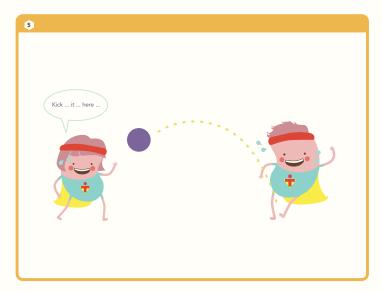
\* Facilitator Notes: Discuss screen time with child and / or parent.

Note that Canadian Pediatric Society guidelines state less than 2 hours of screen time each day (outside of school) in children ages 4+.

4. Do you like to be active and move your body? What do you like to do?

Try to get child to name a favourite physical activity.

If appropriate, ask what physical activities they do together as a family.



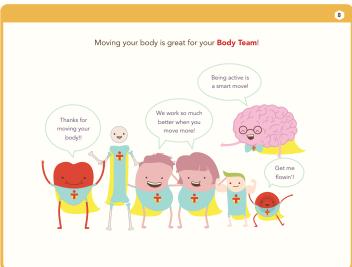


- 5. How do you feel while you are doing physical activity?
  - You will be breathing fast
  - Your face will be red
  - You won't be able to talk to your friends
  - You will probably feel your heart beating in your chest
- 6. Which of these activities will make your heart beat faster and your face turn red?

Which activity makes your heart beat the fastest?

Which activity would you like to try?





- 7. Work with family to help them set an achievable goal to check on for next clinic visit.
  - \* Facilitator Note: Use this time, based on assessment of where family is at, to ask if they want to be more physically active.

8. When we are physically active, it helps all parts of our body be healthier. Even if we can't see it helping our body, it does.

Moving our body helps our bones, our blood, our heart, our brains and our mood.

It can be really hard to move our body if we feel sad or tired but, then, after we do, we feel better.

#### **ADOLESCENT LEARNING**



#### ADOLESCENT LEARNING OBJECTIVES

Remember ... many adolescents can reason abstractly and think in hypothetical terms

#### The Adolescent will be able to:

- a) describe what they can do to eventually achieve one hour of moderate to intense activity each day
- b) develop achievable action plan with HCP (MI intervention) that deals with barriers for client
- c) identify intensity levels of activities

Possible activities include:

#### MY APPROACH

- 1. Review Motivational Interviewing.
- 2. Assess where family is at re: Stages of Change
- Remind family that the Kidney Health Team, parents and child work together to create the best kidney health for the child.
- 4. Pay particular attention to family's situation.
- Acknowledge what the adolescents say and do.
   Model attitudes, ways of approaching problems and behaviours rather than telling them.
- 6. Ask questions to provoke thinking; describe pictures.
- 7. Guide, do not dictate. Youth want info so they can make their own decisions. Be patient. Don't be discouraged if your first offers of support are turned down. Give opportunities to use strategic thinking, reasoning and problem solving. Let them do some evaluation and monitoring of their understanding
- 8. While your time is limited, try to give children and family time to think about the material and messages.

#### **LEARNING SUPPORTS**

Have you got the Learning Supports you might want to use? Photos of foods and drinks; plastic models of foods and drinks; meal plan template





## 1. Possible dialogue:

What about you? Do you like being physically active? Do you have activities that get you moving that are fun for you?

We know we should be active for at least 60 minutes every day.

When you are active, your face gets red and it's hard to talk. Does this happen to you?

That's the goal: 1 hour of energetic activity each day!

## 2. Which of these things will make your heart beat faster and your face turn red?

Which activity would make your heart beat the fastest?

Which of these activities would you like to try?





#### 3. How will you feel while you are active?

- You will be breathing fast
- Your face will be red
- You won't be able to talk to your friends or sing
- You will probably feel your heart beating in your chest

Do you know how it feels when you are working hard? Have you felt your heart beating fast and a change in your breathing?

What do you like to do to get your heart rate up? Do you know how to check your heart rate?

\* Facilitator Notes: If response is "nothing" – "I don't like being active" explore how that might shift.

If appropriate, set simple, realistic and clear goal towards 60 minutes daily of energetic activity for next clinic appointment.

May need to wait to discuss barriers.

## 4. Have you heard of the term "screen time?"

Screen time is any time we spend looking at screens. When are you looking at screens?

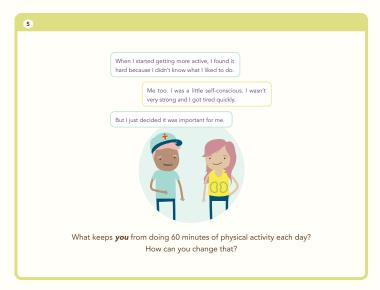
- Watching TV
- Playing on the computer
- Playing on the ipad
- Doing homework on my computer
- Texting on a cellphone

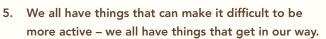
Do you have an idea how much "screen time" you get each day? Do you know how much time a day it is recommended we spend in front of screens? Do you know how much time a day it is recommended we spend in front of screens?

\* Facilitator Notes: Discuss screen time with child and / or parent.

Note that Canadian Pediatric Society guidelines state less than 2 hours of screen time each day (outside of school) in children ages 4+.

If appropriate, put same question to parent or caregiver.





What do you hear the 2 characters saying are their barriers?

- · lacking confidence
- not knowing what activity they like
- not knowing where to start
- feeling overwhelmed
- being out of shape and getting tired quickly
- worrying about what other people will think

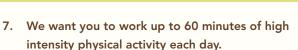
Do you think you have any barriers to being more active?



- 6. If hard to discuss, brainstorm other possible barriers:
  - time
  - access to gym / pool / team sport etc
  - money for equipment
  - support

Ask adolescent to think about their biggest barrier. If they are comfortable, discuss possibilities to addressing the barrier.





How do you think you could do that?

If appropriate, work with parent and adolescent to begin plan. Depending on where adolescent is at, start with light intensity activity for a period of time or a combination of light and moderate for example.

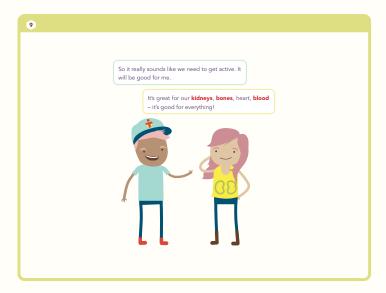
We know why we should be active and we have been working on a plan with you.

Let's look at the plan again. Does something need to be changed? Does something make you feel uncomfortable? What do you think?



8. There are lots of benefits to being physically active. But, sometimes it's hard to get started.

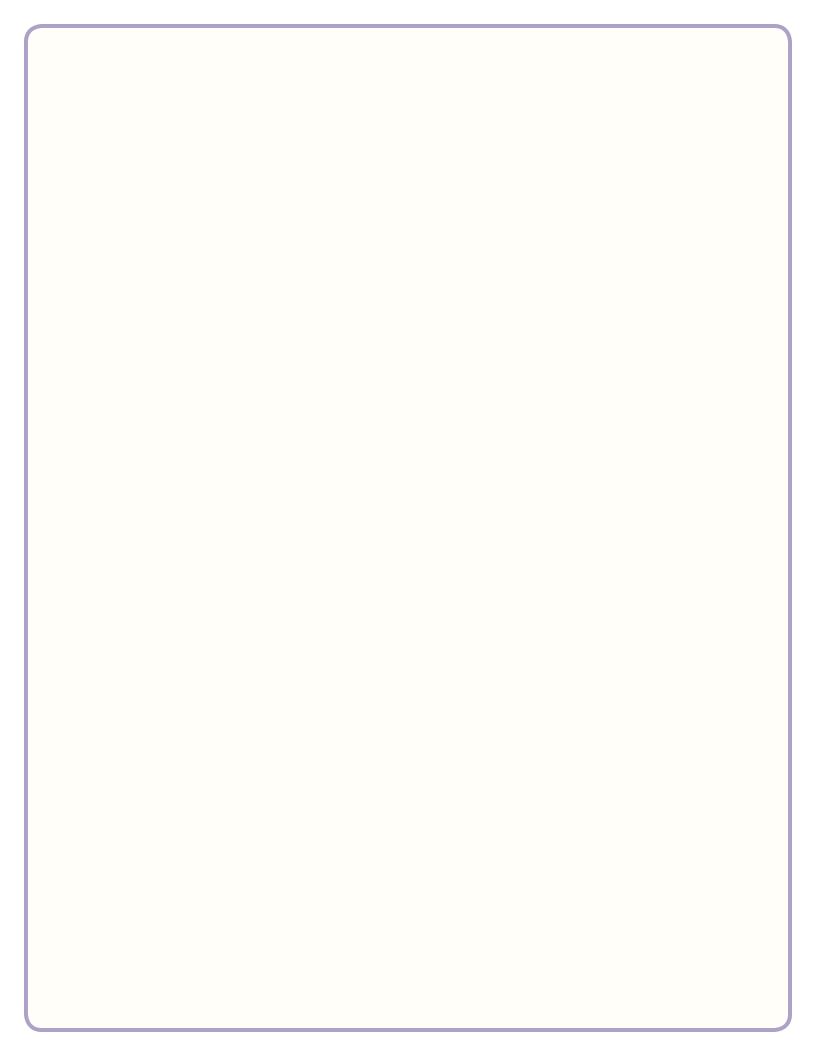
Can we check on your physical activity at your next clinic appointment?

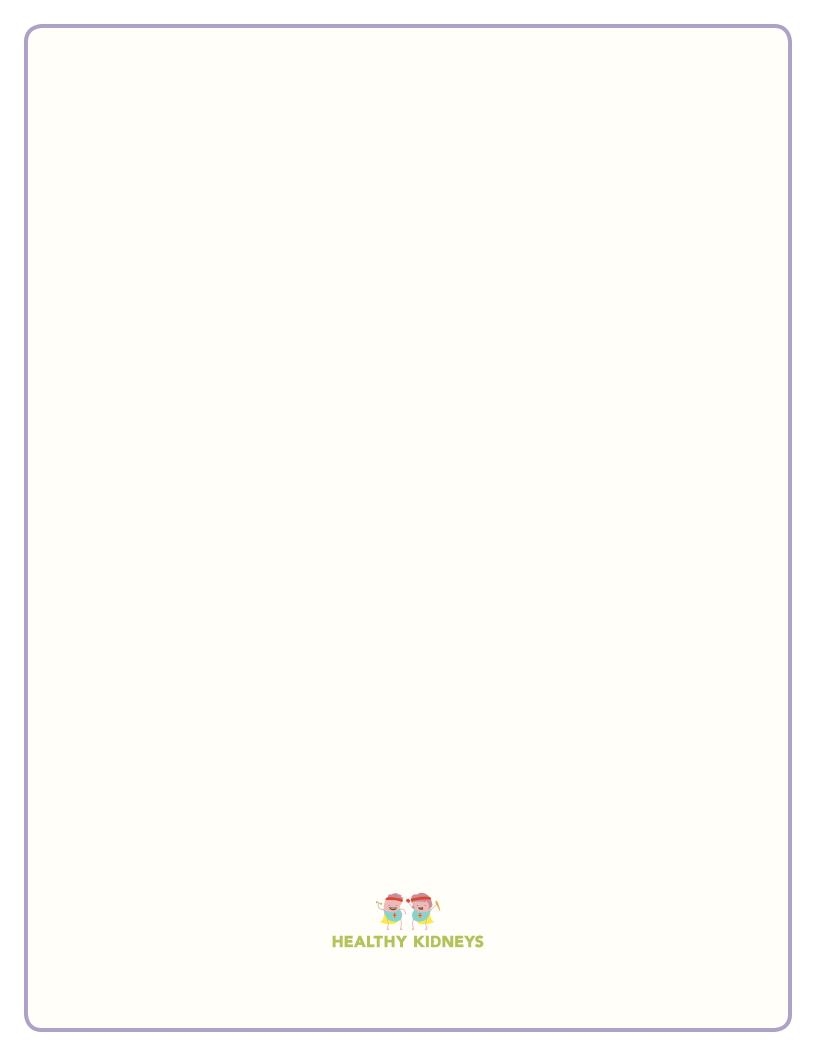


9. Is there anything you'd like to ask or say about being active or anything else?



## **ADDITIONAL NOTES**













Created by Julie Strong BN, Tom Blydt-Hansen MD, Diane McKenty RN, and Angela Chotka MA with Pediatric Nephrology (Children's Hospital Health Sciences Centre) and Chotka Consulting: Creative Balanced Solutions. With thanks to the Children's Hospital Foundation of Manitoba for their generous support.

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