

Bilag 1a. Content of the standard residential rehabilitation programme at the Danish Knowledge Centre for Rehabilitation and Palliative Care (REHPA)

The following table provides an overview of the order, heading, purpose, content and professions responsible for the 16 clinical interventions described in the standard residential rehabilitation programme at the REHPA research clinic.

Intervention	Title of the intervention	Purpose and content	Profession or function responsible
1	Collecting patient-reported information at the research clinic	Collecting patient-reported information is part of identifying needs, assessment and dialogue on setting priorities for needs. The dialogue support sheet helps each participant to identify their own rehabilitation and palliative care needs and is part setting priorities for these needs related to function, activity, palliative care and quality of life	Interdisciplinary professions in the research clinic
2	Welcome, introduction and creating community	Activities on the first day of the course support the participants in feeling welcome and introduced; community singing and music stabilize the participants emotionally and provide a basis for learning communities	Programme leaders
3	Presentation and forming groups	Plenary presentations strengthen community; the participants are introduced to openness, setting, tone and mood; professionals observe and assess group dynamics, resources and vulnerabilities	Programme leaders
4	What about work?	Participants obtain knowledge about relevant labour market legislation and are optimally equipped to collaborate with the employer and/or job centre on clarifying their own ability to work and the situation in the labour market	Social worker
5	The body and physical activity	5.1 Physical tests; knowledge of current level of physical exertion 5.2 Exercise diary: training of content, intensity and frequency at home 5.3 Physical activity: training in creating social communities produces happiness 5.4 Yoga: gently training the body and mind and relaxation 5.5 Massage: positive bodily experiences of relaxation, tranquillity and energy	Physio-therapists and massage therapist
6	The existential dimension in rehabilitation	Room for recognizing being existentially affected as a person with often contradictory emotions such as hope versus hopelessness, joy versus sadness, meaning versus meaninglessness and life versus death	Clergyperson, philosopher or a similar profession
7	Cancer-related fatigue	Participants obtain knowledge about cancer-related fatigue, causes and support and specific tools to deal with cancer-related fatigue in their own lives	Occupational therapist or nurse
8	Insomnia	Participants obtain knowledge about sleep problems, causal relationships and support and specific tools for improving their own sleep quality	Nurse
9	Cancer and the mind	Awareness of common mental reactions to disease, treatment and consequences, one's own reactions and possible coping strategies	Psychologist
10	Sources of personal meaning in a changing life	Support in personal meaning and direction and how one's own sources of meaning and values are expressed and can be promoted in one's own life	Psychologist
11	Intimacy and sexuality	Knowledge, understanding and inspiration for how one's own sexuality and intimacy may be located in one's own life	Sexologist
12	Food and meals	Knowledge about dietary recommendations for people with cancer and reflection and dialogue about one's own diet, the potential for change and the opportunities for support	Dietitian
13	Mindfulness	Methods are introduced through exercises, including breathing, which can promote feelings of calm and being present for the participants in daily life	Mindfulness-instructor or physio-therapist
14	Individual counselling	The participant experiences counselling, such as through patient-reported information, to give priority to interventions and actions when describing goals and action plans	Inter-disciplinary professions
15	Motivation, change processes and action plan	With the motivational intervention as a framework, participants develop goals and action plans based on their own daily life that promote functional ability, activity, palliative care and quality of life	Inter-disciplinary professions
16	End of stay	The participants reflect orally on the benefits and on returning home with or without family networks; evaluation and a joint farewell finish the residential programme	Programme leaders