



## D4.2 Pilot plan

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## Document history

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## Acronyms

Term	Explanation
PBC	Psychobiographic Care
UXM	User eXperience questionnaire Mi-Tale
MUQ	Mi-Tale Usability Questionnaire
BCUQ	Business Case User Questionnaire
BCPQ	Business Case Professional user Questionnaire



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## 1 Introduction

In the MI-Tale project we develop an interactive app to support older people to recall, share and record their personal history. In this final stage of the project, a first prototype is ready to be tested in the field. As our application can be valuable in different settings, involving different target groups and stakeholders, we will conduct three different pilots. We described these three pilots already briefly in the Description of Work, in this document we elaborate on the pilot plan more in detail.

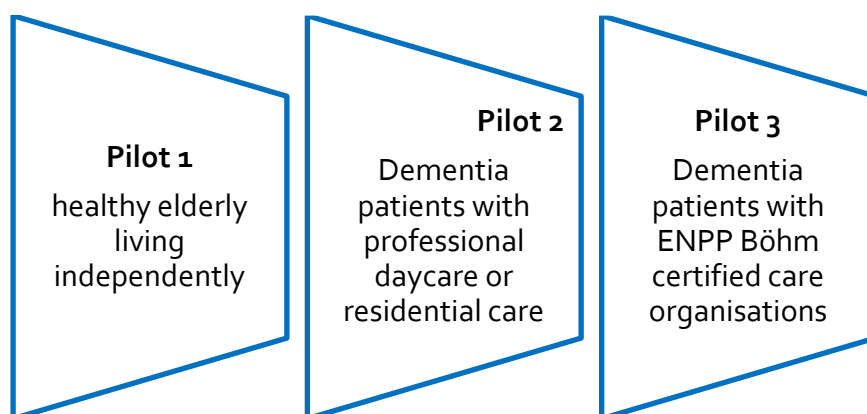


FIGURE 1 OVERVIEW OF 3 PILOT CASES

The piloting process was divided into three sections in the Description of Work:

### 1 Pilot definition (part of this deliverable):

In this task we define, plan and prepare all the activities for the pilots running: we select the evaluation approach in close accordance with the psychobiographic model. We implement the ethical requirements from task 1.3 and establish a sound plan of procedures for the evaluation and testing.

In this task we will make sure the game is stable through a technical pre-pilot phase on the fully working game. We will consider options to monitor participants behaviour during the piloting e.g. via using log files. We define the evaluation methods to verify the business plan within the pilot.

### 2 Pilot performance (part of this deliverable):

This task will consist of the actual pilot running. It will organize and involve the research participants in the pilots in the Netherlands, in Austria and Cyprus as described in section 2.5 and gather all the research data.

### 3 Final results (presented in deliverable 4.3)

A final analysis will be done based on the data gathered during the pilot. Conclusions will be drawn on the success parameters of the project and reported. Input will be delivered to the business model of the final solution. Final technical and design improvements will be made.

With the three pilots we aim the following:

\* First we would like to test the *ease of use* of the tool as perceived by different stakeholders. Before



we start the field trials, we validate the tool to make sure it works properly in terms of technical functionalities. However, that doesn't necessarily say something about whether potential end-users (primary and secondary) easy to use. We will collect information on this during the pilot.

\* Second we use the field trials to investigate the *usefulness* of the tool as perceived by different stakeholders. We would like to gain insight e.g. into which functionalities are perceived as useful – and which not - or with whom persons prefer to use it.

\* Thirdly we will utilize the field trials to gain insight into the business case of the tool after the project. Perceived ease of use and perceived usefulness will provide knowledge on whether the different aimed users and stakeholders would use the tool, but we will collect additional information to learn how the tool may be implemented in existing or new services or how the tool could be successful as a product at the market. The field trials will be used for this.

In the following sections we elaborate more in detail on the different types of field trials. We will discuss e.g. the aimed users, the instruments we use to reach the formulated aims, the tasks of each partners and the planning of the particular pilots.



## 2 Pilot 1: healthy elderly living independently

### 2.1 Participants

In the first pilot we focus on older individuals, living independently at home. Although the need for the MI-Tale project initially came from the dementia care sector, we know from the literature in the domain of life-review and reminiscence that recalling memories can be of added value for vital older individuals as well. Furthermore, it might be useful to start early with these types of life recording, as it can help one to prepare carefully for a stage in life that recalling memories is not so easy anymore. Therefore, we include this group as a specific pilot in this project.

These users can be described as recreational users. They will probably use the app when they are alone, for fun, or they use it to spend some quality time together with friends or family.

Participants will be recruited through networks of the piloting partners. Aimed participants will be informed in writing on the purpose of the pilot and what is expected from them. A contact person from the pilot organization will be made known to these participants if they have any questions during the pilot. They will be asked to read and sign an informed consent form, stating our privacy policy and their rights.

### 2.2 Tasks during the pilot

Participants will be invited to use the app for 3 months. They can download it onto their own device/tablet or play it in the online web version. If they have no suitable device, a tablet will be made available to them for the duration of the pilot.

Participants will receive a few tasks, just to start the app and at least play every mode (single player and puzzle mode) once. We will initially give no instructions on how often to use the app and different tasks. It is one of the goals to discover if people like to use the app multiple times, or just once. This is important input for our business model/case.

Participants will be asked to keep a diary when using the app. Questionnaires and a panel meeting will be sent and organised at the end of the pilot. The questionnaires, diary and panel meeting are discussed under 3.1.2.



## 2.3 Planning

Tasks pilot 1	Mar. 2018	Apr. 2019	May. 2019	Jun. 2019	Jul. 2019	Aug. 2019
Recruiting						
Consent form						
Install/equipment						
Start 3 month						
User Diary						
UXM, BC questionnaires						
Panel meeting						
Reporting						

## 2.4 Role of different partners

This first pilot will be conducted in the Netherlands (by partner NFE), Austria (by partner LFTL) and Cyprus (by partner MKP). In the DOW we have promised to perform this pilot in the Netherlands, so this is a minimum requirement. Because of the extra information we may receive about market potential and usability in other regions, it would be interesting to make the app available in other regions as well. This is not a requirement but is considered a bonus and should only be performed if the partner organisation has the means and opportunity to perform this extra task. An overview of the group sizes and locations is given in the table below:

Organisation performing the pilot	Older individuals (primary end-users)	Family members (secondary end-users)
<b>LFTL Austria</b> <i>Location: at participants' home</i>	<i>Bonus participants</i>	<i>Bonus family members</i>
<b>MKP Cyprus</b> <i>Location: at participants' home</i>	<i>Bonus participants</i>	<i>Bonus family members</i>
<b>NFE Netherlands</b> <i>Location: at participants' home</i>	20 Participants	family members
<b>Together</b>	<b>20+ Total</b>	<b>10+ Total</b>





### 3 Pilot 2 Professional care setting not using PBC method

#### 3.1 Participants

In this pilot we focus on older people with dementia and their (in)formal caregivers in a residential care home or in day-care. The older participant will be in a stage of dementia. The professional caregiver is not trained in psychobiographic care. The use of the app can be described as recreational under supervision and as a means to collect personal background information about the older user. The older user may use the app under supervision or with help of a professional or informal caregiver, which may support the caregiver in collecting valuable information that can be used in the provision of care. Additionally, the older user in this pilot may use it to spend some quality time together with friends or family, for recreational or fun purposes

Participants will be recruited through networks of the piloting partners. The participants (or if applicable their responsible family member) will be informed in writing on the purpose of the pilot and what is expected from them. A contact person will be made known to these participants if they have any questions during the pilot. The elderly person with dementia (or if applicable the responsible family member) will be asked to read and sign an informed consent form, stating our privacy policy and their rights.

#### 3.2 Tasks during the pilot

Professional carers and informal carers of their clients will be asked to use the app for 3 months. They can download it onto their own device/tablet or play it in the online web version. If they have no suitable device, a tablet will be made available to them for the duration of the pilot.

The professional users will receive tasks, to start the app and play every mode (single player, group mode and puzzle mode). We will give instructions on how often to use the app. We will ask them to answer a professional usability questionnaire (MUQ). This is important input for our business model/case.

The informal carer users will receive the same instructions as the participants in pilot 1. They will receive a few tasks, just to start the app and at least play every mode (single player and puzzle mode) once. We will initially give no instructions on how often to use the app and different tasks. It is one of the goals to discover if people like to use the app multiple times, or just once. This is important input for our business model/case.

Professional participants and informal carers will be asked to keep a diary when using the app. Questionnaires will be sent and a panel meeting will be organised at the end of the pilot. The questionnaires, diary and panel meeting are discussed under 3.1.2.



### 3.3 Planning

Tasks pilot 2	Mar. 2018	Apr. 2019	May. 2019	Jun. 2019	Jul. 2019	Aug. 2019
Recruiting						
Consent form						
Install/equipment						
Start 3 month						
User Diary						
UXM, BC, MUQ questionnaire						
Panel meeting						
Reporting						

### 3.4 Role of different partners

This second pilot will be conducted in the Netherlands (by partner NFE, in close collaboration with SZZ, the umbrella organisation of care farms), Austria (by partner LFTL, in close collaboration with Diakonie) and Cyprus (by partner MKP, in close collaboration with ...). An overview of the group sizes and locations is given in the table below:

Organisation performing the pilot	Participants dementia	Participants informal carer	Participants professional caregiver
<b>LFTL Austria</b> Location: .....	3 people with dementia in care home or day care	2 family members or informal carers/volunteers	<b>1 care worker/nurse</b> <b>1 activity worker (group session)</b>
<b>MKP Cyprus</b> Location: care home Nicosia	5 people with dementia in care home	2 family members or informal carers/volunteers	<b>2 care workers/nurses</b> <b>1 activity worker (group session)</b>
<b>NFE Netherlands</b> Location: .....	10 people with dementia in care home	6 family members or informal carers/volunteers	<b>3 care workers/nurses</b> <b>1 activity worker (group session)</b>
<b>Together</b>	<b>18 Total</b>	<b>10 Total</b>	<b>9 Total</b>



## 4 Pilot 3 Professional care setting certified to use PBC method

### 4.1 Participants

In this pilot we focus on older people with dementia in a residential home or day-care setting certified to use PBC method. The use of the app can be described as recreational under supervision and as a means to collect psychobiographic information about the elderly user. The older user uses the app under supervision of a PBC certified professional caregiver or an informal carer, to reminisce with their professional carer, or they use it to spend some quality time together with friends or family.

Participants will be recruited through networks of the piloting partners. They (or if applicable their responsible family member) will be informed in writing on the purpose of the pilot and what is expected from them. A contact person will be made known to these participants if they have any questions during the pilot. They (or if applicable their responsible family member) will be asked to read and sign an informed consent form, stating our privacy policy and their rights.

### 4.2 Tasks during the pilot

The professional carers and the informal carers of their clients will be invited to use the app for 3 months. They can download it onto their own device/tablet or play it in the online web version. If they have no suitable device, a tablet will be made available to them for the duration of the pilot.

The informal carers will receive few tasks, just to start the app and at least play every mode (single player, group mode and puzzle mode) once. We will initially give no instructions on how often to use the app and different tasks. It is one of the goals to discover if people like to use the app multiple times, or just once. This is important input for our business model/case.

Professional carers, certified in PBC, will receive more detailed instructions on using the app.

Professional participants and informal carers will be asked to keep a diary when using the app. Questionnaires will be sent and a panel meeting will be organised at the end of the pilot. The questionnaires, diary and panel meeting are discussed under 3.1.2.



### 4.3 Planning

Tasks pilot 3	Mar. 2018	Apr. 2019	May. 2019	Jun. 2019	Jul. 2019	Aug. 2019
Recruiting						
Consent form						
Install/equipment						
Start 3 month						
User Diary						
UXM, BC, MUQ questionnaire						
Panel meeting						
Reporting						

### 4.4 Role of different partners

This third pilot will be conducted in the Netherlands (by partner CZG), Austria (by partner ENPP). An overview of the group sizes and locations is given in the table below.

Organisation performing the pilot		Participants dementia	Participants informal carer	Participants care worker
<b>ENPP Austria</b> Location: <b>Bischofshofen</b>		15 people with dementia in care home	5 family members or informal carers/volunteers	<b>4 care worker/nurse</b> <b>1 activity worker (group session)</b>
<b>CZG Netherlands</b> Locations: Care farm Giersbergen and care home Tholen		5 people with dementia in care home and 10 in daycare	5 family members or informal carers/volunteers	<b>4 care workers/nurses</b> <b>1 activity worker (group session)</b>
<b>Together</b>		<b>30 Total</b>	<b>10 Total</b>	<b>10 Total</b>



## 5 Overview of inclusion per organisation

Organisation	Pilot 1 Non care	Pilot 2 Prof. Care	Pilot 3 Böhm care	Total participants
<b>LFTL (AT)</b>	<i>Bonus Elderly Bonus Informal carers/ family</i>	3 people with dementia 2 informal carers 1 care worker/nurse 1 activity worker (group session)		3 people with dementia 2 informal carers 2 professional carers
<b>MKP (CY)</b>	<i>Bonus Elderly Bonus Informal carers/ family</i>	5 people with dementia 2 informal carers 2 care workers/nurses 1 activity worker (group session)		5 people with dementia 2 informal carers 3 professional carers
<b>NFE (NL)</b>	20 Older persons Bonus: 10 Informal carers/ family	10 people with dementia 6 informal carers 3 care workers/nurses 1 activity worker (group session)		20 older adults 10 people with dementia 6-16 informal carers 4 professional carers
<b>ENPP (AT)</b>			15 people with dementia 5 informal carers 4 care worker/nurse 1 activity worker (group session)	15 people with dementia 5 informal carers 5 professional carers
<b>CZG (NL)</b>			5 people with dementia in care home and 10 in daycare 5 informal carers 4 care workers/nurses 1 activity worker (group session)	15 people with dementia 5 informal carers 5 professional carers



## 6 Instruments for data collection

### 6.1 Introduction

As described above, the purpose of the pilot is to collect information on different aspect of the use of the app:

- For the business case: information about value/pricing, target groups, usage, sale channels
- About player behaviour, to assess information on how often, how long and with whom people use the app. This information is also important to the business case.
- About the usability of the concept with nonprofessional users: User experience, ease of use, drop out and player motivation (elderly person and family/friends)
- About the usability of the concept with professional users: User experience, ease of use, drop out and player motivation (patient, family and care worker). Added value professional use for care process & time consumption: is it worth it?

The data will be collected as much as possible through online surveys. We will use SurveyMonkey as a tool for this. We have chosen this approach for the reason of efficiency and the possibility to monitor questionnaires as they come in, allowing us to monitor feedback almost in real time. For those participants who prefer paper versions of the questionnaires, these will be provided and will be entered by the project workers using the same online tool.

The intake and informed consent form will ask some general information about the participants. They will be given a simple three digit user number for the pilot. They will be asked to ad this user number on every questionnaire they fill out. Thus we can connect the questionnaires of every user together and keep their participation anonymous to the people working with the data. One document linking the user numbers to the participants will be kept safe according to GDPR. In the dataset only the anonymous data will be included and after the pilot the document linking specific users to numbers will be deleted. During the pilot users will be able to ask their coordinator for their user name, login name and reset of their password in case they forget. These data will also be given to them once on paper, on a copy of their informed consent.



In order to reach those aims we have selected a series of questionnaires to be used during the pilot. An overview is in the table below.

Participants elderly participants dementia	Participants informal carer	Participants care worker	Organisation performing the pilot
3 UXM interview	2 UXM questionnaire 2 BCUQ questionnaire 2 user diaries	2 UXM questionnaire 2 MUQ questionnaire 2 BCPQ questionnaire 2 user diaries	LFTL
15 UXM interview 3 Observation	5 UXM questionnaire 5 BCUQ questionnaire 5 user diaries 1 Observation 1 Panel	5 UXM questionnaire 5 MUQ questionnaire 5 BCPQ questionnaire 5 user diaries 1 Panel	ENPP Austria  ENPP/LFTL
5 UXM interview 3 Observation	2 UXM questionnaire 2 BCUQ questionnaire 2 user diaries 1 Observation, 1 Panel	3 UXM questionnaire 3 MUQ questionnaire 3 BCPQ questionnaire 3 user diaries 1 Panel	MKP Cyprus
10 UXM interview 10 BCUQ interview 10 User diaries	6 UXM questionnaire 6 BCUQ questionnaire 6 user diaries	4 UXM questionnaire 4 MUQ questionnaire 4 BCUQ questionnaire 4 user diaries	NFE
15 UXM interview 6 Observation	5 UXM questionnaire 5 BCUQ questionnaire 5 user diaries 2 Observation 1 Panel	5 UXM 5 MUQ 5 BCPQ questionnaire 5 user diaries 1 Panel	CZG Netherlands  NFE/CZG
<b>48 UXM Total</b> <b>10 BCUQ Total</b> <b>12 Observations Total</b> <b>10 user diaries Total</b>	<b>20 UXM Total</b> <b>20 BCUQ Total</b> <b>4 Observations Total</b> <b>20 user diaries Total</b> <b>3 Panels Total</b>	<b>19 UXM Total</b> <b>19 MUQ Total</b> <b>19 BCPQ Total</b> <b>19 user diaries Total</b> <b>3 Panels Total</b>	<b>77 UXM Grand Total</b> <b>19 MUQ Grand Total</b> <b>30 BCUQ Grand Total</b> <b>19 BCPQ Grand Total</b> <b>16 Observations,</b> <b>49 user diaries Total</b> <b>6 Panels</b>

UXM is user experience Mi-Tale questionnaire

MUQ is Mi-Tale usability questionnaire (only for professional users)

BCUQ is the Business Case User Questionnaire

BCPQ is the Business Case Professional user Questionnaire

## 6.2 UXM, the user experience MI-Tale questionnaire

This questionnaire is aimed at measuring the user experience from the elderly end-users point of view. It will help us to find out what users do or don't like about our app. It will give us some basic information on how often and with whom they use the app. It will give information on what users would like to change or improve about the app.



Healthy end-users and informal carers will fill out this questionnaire by themselves. End-users with dementia will be interviewed immediately after one session with their professional carer. They will be asked to fill out this questionnaire at the end of month two in the pilot.

The questionnaire consists of open and closed questions freely based upon the UX for the Masses website. There is a lot of consistency with the Diary study described further on in this paragraph. Because we expect not all users to keep their diary faithfully, this is a questionnaire to be filled out by all non-professional users of the app. An example of this questionnaire is in the annexes of this document.

### **6.3 MUQ MI-Tale usability questionnaire (only for professional users)**

The MI-Tale Usability Questionnaire is aimed at gathering information on the usability from a professional users point of view. Our expectation was that the MI-Tale app would help professional users to gather background or psychobiographic information about their patients. This questionnaire asks how the app helps to gather this information. If it is easy to learn and use, if it is efficient and not too time-consuming, if they feel comfortable using it, if they believe the client likes to use it, etc.

The questionnaire consists of open and closed questions and is freely based upon the Computer System Usability Questionnaire. This is a questionnaire to be filled out by all professional users (with or without PBC certification) of the app. They will be asked to fill out this questionnaire at the end of month two in the pilot. An example of this questionnaire is in the annexes of this document.

### **6.4 Diary study to assess MI-Tale app**

Besides the questionnaires mentioned above we will ask the participants to keep a diary during the pilot. We will provide a short one-page diary they can fill out quickly after each use of the app.

A diary study is an interesting method to develop a great understanding of our users; it gives us a window into their lives and into their using habits. And results in a vast amount of data for our use. This method allows us to develop a real understanding of our players and their needs, motivations and desires, and their using habits, as the diary can record usage over an extended period.

A real advantage in using diary studies when assessing a social app is that they are particularly well suited. They allow data to be gathered over this extended period, fitting around the players natural usage schedule, meaning usage doesn't need to be squeezed into 1 quick play/assessment session.

One of the biggest disadvantages to diary studies is the large amount of time and effort required to conduct them, meaning they are one of the more expensive methods available. Since our testing groups are relatively small, this is acceptable in our pilot.

A diary study is best used when followed up with interviews of the participants, to clarify contents, adding more to the cost. We will therefore conduct at least one panel meeting with each user group.

A further disadvantage is the extra time required to gather data, and the large attrition (drop out) rate of participants that occurs as a result. Since we already decided to conduct the pilot over a longer period of time, this is no extra burden to our project. To minimise the attrition, we will inform





the players that they are asked, but not obliged to fill out the diary. At the panel meeting we will ask if they use the diary.

Finally, diary studies are reliant on users 'self-reporting' their behaviour. This comes with potential risks, and gains. When discovering about user behaviour, this is particularly useful. When looking to find usability issues, observing user behaviour is a much more powerful approach. We will therefore ask our piloting partners to carefully report any observations they make during their time with users playing the app.

## 6.5 BCQ Business Case Questionnaires

We have two kinds of business case questionnaires, one for healthy elderly and informal carers (BCUQ) and one for professional carers (BCPQ). Participants with dementia in care settings will **not** be asked a BCUQ. These questionnaires ask users about pricing plans, type of use, for whom would they use it, etc. They will be asked to fill out this questionnaire at the end of month two in the pilot and will be provided to them together with the UXM or MUQ.

It will provide an insight to the value user adhere to the app and give indication of possibilities for subscription plans, pricing and other marketing parameters we need to complete our business case.

## 6.6 Panel meetings

At the end of the pilot month three we will organise panel meetings with users to talk about their experiences and present them with first results of the questionnaires. At this point we will be able to go into certain results and aspects of the questionnaires more deeply. It will give us a better understanding of motivation behind answers and the opportunity to get them to reflect and react on each other's experiences.

Groups will be organised in two different settings: professional users and non-professional users (elderly and informal carers). Pilot organisers of each country can discuss together if they would like to organise their panel together or apart from each other. In smaller pilots sizes it makes sense to organise it together to get more interaction in the panel. Panels should preferably be between 5 and 15 participants to ensure enough feedback and overview of the discussion. A meeting should not be longer than 45 to 60 minutes, if you need more time than organise a 15 minute break after the first 45 minutes. Be sure to close the topic of the discussion before the break and start a new topic after the break. Ask people if they consent to record the meeting or have an experienced person to take notes during the meeting. The role of panel leader and taking notes should not be with the same person.



## 7 ANNEXES

### 7.1 Task description

#### Tasks and tips for professional caregivers using the MI-Tale app

##### Contents of these tasks and tips

1. Introduction .....	18
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d) Dealing with emotional response.....	22

#### 1. Introduction

Thank you for participating in testing of the MI-Tale app. We have designed this app to help elderly people to talk about their personal history. Knowing about their personal history will help you to understand their personal values, achievements and interests. You get a better insight into their family life, experiences, fears and hopes.

The app is mostly filled with material from 1950 until 1969. According to the theory of psychobiographic care, the experiences elderly people had in their youth, up until about 23 years of age, form their core beliefs and values. In most cases of dementia we observe that values from a later period are more likely to disappear than these older core values and experiences. Since elderly people tend more towards emotional triggered behaviour, we are especially interested in the emotions embedded in the stories they can share with us. Therefore these personal emotional stories are critical to patient-oriented care and psychobiographic care.

Talking about these topics in it itself is already a form of therapy. Showing genuine interest in the life of your patient is good for building trust and self-esteem with the elderly person. The content in the app aims to trigger memories and stories from your client or patient.



## 2. Training yourself in using the app

With the app comes a Wiki tutorial in your own language. Please read it carefully and try to perform the tasks described in it as way of practicing. If you are struggling with the use of the app when the patient is sitting with you, it will be a distraction and may provoke unrest or anxiety.

## 3. Important

Before you start the session, please make sure you are in an environment where your patient feels secure and that you will not be disturbed and have enough time to finish your session.

**Do not use the app with patients who have diagnosed psychiatric or psychological problems** unless you are qualified to do this. Think for example about cases of severe depression, paranoia, delirium, delusion, etcetera. Images may trigger unwanted responses that are too difficult to manage for you.

Before you finish the session and leave the patient, make sure your he or she is not confused, agitated or in a negative mood. The app has a category with positive images to look at and talk about if needed. When you have finished your session please fill out the dairy form for professional users.

Each time you use the app, please fill out a short "professional user diary" form. It will get your feedback while it is still fresh and it only takes a few minutes. There is a webform pre-installed on the tablet or you can use the MI-Tale website to use the links there to the questionnaires. Please insert your MI-Tale user number on every form.

## 4. Frequency of using the app

We encourage you to use the app a few times with each patient enrolled in the pilot. Obviously when you see the client responds negatively to using the app you should end the session. In those cases you can try to use a lighter approach. Instead of talking about the pictures, they could for example just watch a video or listen to some music from the app, as a way of non-demanding activity. That way, sometimes a more positive connection to the tablet and app can be created, after which you may try again to look at some pictures. If the client still doesn't like it, discontinue their participation in the pilot and try to describe your observation in the dairy report as good as possible.

After playing the app with each patient **for the last time** please interview him/her and fill out the UXM questionnaire or alert your MI-Tale contact person so they can arrange the interview.

At the end of the project please fill out the MUQ questionnaire for yourself. You can use the MI-Tale website to use the links there to the questionnaires. Please insert your MI-Tale user number on this form.



## 5. Tips on using the app

The MI-Tale app can help you to better understand your elderly client. The content of the app is organized in 5 areas of life:

- Work: Achievements, tasks, duty
- Relations: Family, friends, social environment
- Personal values: Personality, self-realisation, meaning
- Body and fun: Health, nutrition, leisure
- Material: Status, living, environment, finance

You can use the app in personal or in group sessions.

### a) Group sessions

Reminiscing as a group is a social activity and the caregiver may learn a thing or two about local history and more important about the elderly in the room. Looking at pictures is interesting, it brings up stories. Try to keep it light, as the group setting is not ideal to cope with strong negative emotional responses of participants (unless you are a qualified group therapist).

Listening to or, even better, singing old songs together is a great way to get the elderly to participate in the process. We have included some songs into the app. You can also record your own songs with the group and upload them into the app to share with others.

In Puzzle Mode the MI-Tale app becomes a game, where in several clicks the picture is more and more revealed. Who knows what the picture is about? What can they tell us about it? Uncovering the picture in a few steps can make it more interesting, especially for people who already have some curiosity towards this activity. However: be aware that some people don't like to play games or don't like competition. Make sure everyone can participate. For some it may be better to just play it in one on one situations.

In your feedback through the diary form after each session we ask you to tell us about your experience.

### b) Personal sessions

Personal sessions with a client will hopefully provide you with many personal stories. If you want to collect these personal stories (input for the personal biography) you should use the app in a 1 to 1 setting.

As you have seen in the Wiki Tutorial, the app has a recording feature. Instead of taking notes during the session, you can also record the clients response to pictures and audio in the app. As the recording also uses video, it enables you to better look at the emotional response of the client. You can also look back at these recordings and if needed discuss them with your colleagues. Please try this feature a few times and let us know in the panel interviews how they compare to taking notes or writing a report after the session.



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Information derived from the stories and sessions can then be written into your care registration system, to be shared with colleagues and used for your analysis and intervention/care planning. If you don't use a psychobiographic care system, it can be sometimes difficult to put the detailed information in your administration. In those cases it may help you to use or create a general "personal history" chapter to write down this information for later use. It is our experience that this information can prove very helpful on later occasions of having to explain unexpected behaviour.

We encourage you to use the app dedicated to 1 of the five areas of life and choose another area next time. Let the patient choose the area and the themes if possible. This way you will get a more complete overview of the patients personal history as you systematically cover all the areas over time. If you have specific questions about one of these areas, you can of course ask the patient if he would like to look at and talk about that topic. In your feedback through the diary form after each session we ask you to tell us about your experience.

Böhm certified users can use the app to explore specific areas the lack information in the personal history or areas connected to problems or needs they identified in their Böhm analysis. Please let us know in your feedback if the app helped you to get the information you were looking for and how the patient responded.

### c) Supporting the story telling process

Support is important to get to the stories and information you need to support your clients. As stated before the emotions behind the stories are very valuable. You therefore could try to stimulate your client to talk about personal experiences. How did it make them feel, why did they like or dislike something? What did it mean for them? Was it a common thing or something very personal?

Stay away from your own experience. You may tend to fill in bits of the story with experiences and values of your own life. Do not tell them about your experience unless specifically asked for it. Instead try to deepen the stories by asking about the things you hear. Look for details. By carefully listening, watching, following (eye contact), reading body signals, mirroring their behaviour, the inner perceptions of the elderly are better understood. You follow them back in time, along with the articulation of inner experiences or stories, to get a sharper view at the underlying themes from this person's life.

Questions that help are open questions asking for more detail or background:

**Who** was there with you?

**What** happened? **What** were you trying to achieve?

**Where** did this happen?

**When** did this happen?

**How** should I picture this? **How** did you feel when this happened? **How** did you do this?



#### d) Dealing with emotional response

If emotions are strong, first give it an opportunity to be expressed. It is OK for your client to feel and express this emotion. It is their emotion and it is valid to them, so to gain trust and report, it must be valid to you too.

Avoid trying to influence the emotion while the client is talking, we give you some examples of this emotional influencing people tend to do:

- Sympathy: "I understand, I know this feeling too"
- Confrontation: "You shouldn't have done that, that was bad/dumb, mean, etc."
- Diversion/Distraction/Redirection: "Don't think about that, look at this, you like this"
- Reassurance: "It will all be better, things will work out in the end"
- Patronizing: "That is not so bad, things could have been much worse"

It is better to acknowledge the emotion and ask about the reason and need behind it:

"I can see you are sad, is it someone you miss a lot? What would you like to say to this person?"

When the session is ended it is important to leave the patient in a positive state. There are some positive pictures in the app you can watch together at the end if you need some help with this.



## 7.2 Workflow chart





## 7.3 UXM

### User Experience MI-Tale app

Thank you for participating in the field trial of the MI-Tale app. Please try to answer all questions. If you have any other remarks, please write them in the box with the last question.

You should have received and signed an informed consent form about this research. If you did not, please ask for it.

My MI-Tale user number is: .....

**1. I used the MI-Tale app as:**

- an individual user in private setting
- a friend or relative of an elderly user
- an informal carer of an elderly person
- a professional caregiver of an elderly person
- other: .....

**2. With whom did you play the Mi-Tale app? (more than one answer possible)**

- alone
- with a family member
- with a friend
- with a caregiver
- with a patient

**3. Would you recommend the MI-Tale app to a friend or colleague?**

- Yes to a friend
- Yes to a colleague
- No

How would you describe the Mi-Tale app to this friend or colleague in one or more words?

**4. How often did you use the MI-Tale app in total?**

- Just once





- 2-4 times
- 5-10 times
- more than 10 times

**5. How long did you on average use the MI-Tale app each time?**

- half an hour or less
- 45 minutes to one hour
- more than 1 hour
- very different for each occasion

**6. How does the MI-Tale app compare to looking at a regular photo-album?**

**7. If you were to review the MI-Tale app what score would you give it out of 10 (1 is very bad – 10 is excellent)?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Please circle your score

**8. Overall, how easy to use do you find the MI-Tale app (1 is very hard – 10 is very easy)?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Please circle your score

**9. What did you like the most about the Mi-Tale app?**



**10. What do you find frustrating about the MI-Tale app?**

**11. If you could change one thing about the Mi-Tale app what would it be and why?**

**12. How did playing with the Mi-Tale app make you feel?**

**13. What do you like least about the Mi-Tale app?**



**14. Which features of the app could you do without?**

**15. How can we improve the Mi-Tale app?**

**16. Anything else you care to share or get off your chest?**

Thanks for your participation.

Please hand or send this questionnaire to:



7.4 MUQ

# MI-Tale Usability Questionnaire

This questionnaire is only to be used for professional users (care workers) of the MI-Tale app.

Please try to answer all questions. Any remarks can be written in the box at the last question.

My MI-Tale user number is: .....

I am:

a professional care worker

a professional care worker certified using Böhm methodology

What is your function: .....

1. Overall, I am satisfied with how easy it is to use the MI-Tale app in general  
strongly disagree strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2. Using the MI-Tale app is an effective way to talk about memories  
strongly disagree strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

3. Using the MI-Tale app I found stories I may not have found through my normal routine  
strongly disagree strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

4. Using the MI-Tale app is an efficient way to collect stories  
strongly disagree strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----



5. I feel comfortable using the MI-Tale app

strongly disagree

strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

6. It was easy to learn how to use the MI-Tale app

strongly disagree

strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

7. Whenever I make a mistake using the MI-Tale app, I recover easily and quickly

strongly disagree

strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

8. The information (such as online help, on-screen messages, and other documentation) provided with the MI-Tale app is clear and easy to understand

strongly disagree

strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

9. The information provided is effective in helping me complete the tasks and scenarios

strongly disagree

strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

10. The organization of information on the app screens is clear to me

strongly disagree

strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

11. The screens of the MI-Tale app are pleasant for the elderly patient

strongly disagree

strongly agree



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1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

12. The MI-Tale app has all the functions and capabilities I expect it to have

strongly disagree

strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

13. Overall, I am satisfied with the MI-Tale app

strongly disagree

strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

14. List the most negative aspect(s):

15. List the most positive aspect(s):

16. Any other remarks:

Thank you for participating in this pilot.

Please send or give this questionnaire to:



## 7.5 Diary form user (not professional)

### MI-Tale diary form

Please fill out this diary every time you play the app, even if you just played for a short time.

Date: ..... My MI-Tale user number is: .....

Who did you play with? (more than one answer allowed)

- |  |  |
|--|--|
| <input type="checkbox"/> I played alone    | <input type="checkbox"/> With my partner     |
| <input type="checkbox"/> With my child     | <input type="checkbox"/> With family/friends |
| <input type="checkbox"/> With my caregiver |  |

What did you /do? (more than one answer allowed)

- |  |  |
|--|--|
| <input type="checkbox"/> I looked at pictures    | <input type="checkbox"/> I uploaded my own pictures/material |
| <input type="checkbox"/> I recorded my stories   | <input type="checkbox"/> I edited my storybook(s)            |
| <input type="checkbox"/> I played in puzzle mode | <input type="checkbox"/> I exported my storybook(s)          |
| <input type="checkbox"/> Other, namely..         |  |

For how long did you play this time?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than 15 minutes   | <input type="checkbox"/> 15 minutes to half an hour |
| <input type="checkbox"/> 30 minutes to one hour | <input type="checkbox"/> More than an hour          |

What did you like most this time?

What did you dislike/found confusing this time?

How did you feel after playing this time?

Any other remarks you would like to share?



## 7.6 Diary form professional user

### MI-Tale diary professional user

Please fill out this diary every time you play the app, even if you just played for a short time.

Date: .....

My MI-Tale user number is: .....

Whom did you play with? (more than one answer allowed)

one patient

a group

What did you do with the patient using the MI-Tale app? (more than one answer allowed)

Look at pictures

Upload new pictures/material

Record stories

Edit storybook(s)

Use puzzle mode

Export storybook(s)

Why did you use the MI-Tale app this time? (more than one answer allowed)

To gather biographic information

For fun / leisure

Because the patient asked to play it

For how long did you play this time?

Less than 15 minutes

15 minutes to half an hour

30 minutes to one hour

More than an hour

What did you like most this time?

What did you dislike/found confusing this time?

Did you use the results in any way?

Any other remarks you want to tell us?





## 7.7 BCUQ Market research questionnaire users

### BCUQ MI-Tale market research

This questionnaire is only to be used for informal caregivers and elderly users of the MI-Tale app.

Please try to answer all questions. Any remarks can be written in the box at the last question.

Your answers are just for research purposes and completely non-committal.

My MI-Tale user number is: .....

1. Are you going to use the MI-Tale app in the future?

Yes  Perhaps yes  Don't know  Perhaps no  No

2. When would you buy the MI-Tale app?

Immediately after launch  Within a year after launch  Don't know  Perhaps no  No

3. How often do you expect to use the MI-Tale app?

Almost every day  At least once a week  Once a month or less  Not at all

4. How would you prefer to pay for MI-Tale use?

pay per use  annual subscription fee  monthly subscription fee  buy once

5. If it was only available in monthly subscription, how much would you spend per month on the MI-Tale app?

Nothing  1-3euros  4-7euros  8-12euros  13-20euros  above 20euros

6. I am planning to use the MI-Tale app for:

Myself  Friend  Family member or partner

7. Do you have an android tablet?

Yes  No  No, but I would buy one to use this app



8. Do you use other apps for people with dementia?

- Yes, namely .....  No

9. If yes, How often do you use apps for people with dementia?

- Almost every day  At least once a week  Once a month or less

10. Do you have a friend or a relative with dementia you would like to use the MI-Tale app with?

- Yes  No

11. What type of content did you enjoy most in the MI-Tale app?

- Pictures  Video (short films)  Audio (songs/music)

12. What social media network do you use primarily?

- I don't use social media  Facebook  Twitter  Instagram  Other, namely ....

13. With whom do you prefer to use the Mi-Tale app?

- Alone  With friends or family  With a caregiver

14. Overall, I am satisfied with the MI-Tale app

strongly disagree

strongly agree

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Thank you for participating in this questionnaire.

Please send or give this questionnaire to:



## 7.8 BCPQ Market research professional user

### BCPQ MI-Tale market research

This questionnaire is only to be used for professional caregivers using the MI-Tale app. Please try to answer all questions. Any remarks can be written in the box at the last question. Your answers are just for research purposes and completely non-committal.

My MI-Tale user number is: .....

1. Would you like to use the MI-Tale app in the future?

Yes  Perhaps yes  Don't know  Perhaps no  No

2. If yes, how often would you like to use the MI-Tale app?

Almost every day  At least once a week  Once a month or less

3. Would you recommend your manager to buy the MI-Tale app?

Yes  Perhaps yes  Don't know  Perhaps no  No

Comment: .....

4. Would you like or need more support or training to use this app?

Yes, namely.....  No

5. If you are a decision maker: When do you think are you going to buy the MI-Tale app?

Immediately after launch  Within a year after launch  Don't know  Perhaps not  Not

6. If you are a decision maker: How would you prefer to pay for MI-Tale use?

pay per use  annual subscription fee  monthly subscription fee  buy once

7. If you are a decision maker: If it was only available in monthly subscription, how much do you think you would spend per month per patient on the MI-Tale app?

1-3euros  4-7euros  8-12euros  13-20euros  above 20euros



8. I would also like to use the MI-Tale app privately for:

- Myself       Friend       Family member or partner       No, not privately

9. Do you have an android tablet at work?

- Yes       No       No, but I would want one to use this app

10. Do you think a personalized approach will have better results in monitoring and caring of people with dementia?

- Yes       No       I don't know

11. Do you use other serious games or apps for people with dementia?

- Yes, namely .....       No

12. How often do you use serious games or apps for people with dementia?

- Almost every day       At least once a week       Once a month or less

13. What type of content do you value most in the MI-Tale app?

- Pictures       Video (short films)       Audio (songs/music)

Comment: .....

14. Will you recommend the MI-Tale to colleagues?

- Yes       No

15. How important is the Mi-Tale app for understanding people with dementia?  
the number that best represents your opinion.

Circle

extremely unimportant

extremely important

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----



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16. How helpful is the MI-Tale app in the areas of communication and interaction with patients?  
not helpful extremely helpful

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Thank you for participating in this questionnaire.

Please send or give this questionnaire to:



## 7.9 Informed consent form

### Informed Consent participation pilot MI-Tale, April - July 2019

Dear participant,

Thank you for participating in our project. Before we start, we kindly ask you to sign this informed consent. By doing this, you declare that you participate voluntarily and that you are aware of what your data are used for. This document provides more information about the project in general and more specifically about your participation. The final part of the document contains the actual declaration.

#### **The development of MI-Tale**

Within the MI-Tale project, we develop an interactive internet and tablet application for older adults (65+) and their friends, family and carers. This app helps older adults to recall and share personal memories with family, friends or caregivers. This can be done for instance with photo or video material that is provided by the app or by uploading your own photo's.

The app is currently still in development. To make sure it will fit into the preferences and wishes of users like yourself, we conducted interviews last year with elderly people, informal caregivers, (grand)children and care professionals. Their input helped us develop the MI-Tale app.

Now we would like to ask you to help us by trying out the first version we believe to be ready for testing by our future users: elderly, their family and friends and if applicable, their informal and professional caregivers.

#### **Participation in the pilot means:**

- You may use the app as often as you like during a three month period;
- You may quit participating in the pilot at any time, we will kindly ask you why you want to quit, which you don't have to answer if you don't want to;
- We encourage you to participate in our questionnaires and panel discussions and mention all remarkable things about using the app;
- If you participate in a panel discussion and you have to travel for this, travel cost can be reimbursed at € 0,19 per km or the price of your 2<sup>nd</sup> class public transportation ticket. You have to declare this to the panel leader at the meeting;
- You can ask questions at any time. However, we ask you to first explore things yourself. Under this form you will find contact information for questions;
- During the panel meeting, the test leader will make notes and ask questions;
- During the pilot it is best to keep a diary each time you use the app. We will provide this for you. If you need more please ask your contact person;
- After and during the pilot (three months) we will ask you to fill out a questionnaire;
- The app you will test, has recording options. If you switch on the recording option, an indicator will show this in your screen. To get access to your recordings, people have to get permission from you personally. This may be your partner, family member or professional caregiver.



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- The results of this pilot research will be used to further improve the app and anonymous data may be used for scientific research;
- You have the right to quit your participation at any moment;
- You have the right to ask us to delete all data traceable to your person at any point in time;
- All uploaded photos/videos/audios and texts remain your property and may be used to the end of the pilot without further approval;
- If you wish to donate pictures to the project you can indicate this while uploading, granting the MI-Tale project and it's partners to use the pictures as they want;
- At the end of the pilot you will return any equipment (tablet, PC or other devices) to the Mi-Tale partner who provided it to you;

**Your user number for the MI-Tale app is:**

**Your Contact person is:**

**Email:**

**Phone:**

---

**Consent participant**

*Hereby I declare that I take part voluntarily in this test and that I am fully informed about the aims and follow-up of the project. With my signature I give permission to use the answers I give during this conversation. All questions I had were answered to my satisfaction. I am aware I can quit at any moment, without giving a reason.*

I am:  Male  Female

Age: .....

Are you an informal carer?

No  Yes, to: partner/ parent/ family / friend

Are you receiving professional care?

No  Yes: homecare  Yes: daycare  Yes: residential care

What is your highest education?

Elementary school  Secondary school  Vocational school  University



Place and date:

Name:

Signature:

---

**Declaration of the test leader**

*Hereby I declare that I informed the participant full about his/her participation in the test. When during the project there comes new information that may influence the consent of the participant, I will always inform the participant about this.*

Place and date:

Name:

Signature: