



## D5.4 - Wiki tutorial and short report

<b>ID and title</b>	<b>D5.4 Wiki tutorial and short report</b>
Description	Report on the implementation of the manual and basic training
Work package	WP5 Exploitation and dissemination
Status	Internal review
Type	Document
Confidentiality	Public
Version	v1.0
Actual date of delivery	05.11.19
Contractual date of delivery	10.2018
Responsible partner	LFTL
Reviewer for external release	NFE

<b>Project name</b>	<b>MI-Tale</b>
Project number	70-73500-92-032
Project start date	1 May 2017
Project duration	24 months



ACTIVE ASSISTED LIVING

JOINT PROGRAMME

AAL-2016



## Document history

Version	Date	Status	Changes	Owner(s)
0.1	4.11.19	Draft	Layout and first content	LFTL
1.0	5.11.19	Internal Review	Adaptations	LFTL

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## Acronyms

Term	Explanation
DoW	Description of Work
APK	Android Package File
UI	User Interface
UX	User Experience



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## 1 Summary

This deliverable describes how we trained the participants of the pilot sites in Austria, The Netherlands and Cyprus to use the MI-Tale app. This includes the basic training material and the wiki manual.

At the beginning of the pilot phase every participant received a training on how to use the app, either in single or group settings. The wiki tutorial served as online written manual and allowed participants to inform themselves through systematic guidelines on the most important tasks within the MI-Tale app.



## 2 Introduction

An important part of the pilot preparation was the training of the recruited participants and the provision of training material.

An online manual should support the attendees to quickly look-up important functionalities. This was done by using the open source platform DokuWiki. In a first step, the overall design and structure had to be defined. In a second step, descriptions of the basic functionalities were implemented, together with considerations and recommendations for practical use.

## 3 Basic Training

To make it easier to use the MI-Tale app right from the start, all participants received a thorough basic training. These trainings were done in personal or group settings in all pilot sites. Please refer to Deliverable D4.3 Evaluation report for a more detailed description of the preparatory activities and trainings.

Especially for the professional caregivers, an additional manual was created with tasks to explore the app and important recommendations on how to use it in care settings (please see annex).

## 4 Wiki Tutorial

The task was to set up an online manual, which was accessible by mobile devices. It was decided to use the open source platform DokuWiki and adapt it to the needs of the MI-Tale project.

- The Wiki should be available to the public for use. Editing content should be available for editors only. In addition, a feedback system should be available within the wiki. It should also be possible to translate each page to other languages and to switch between the languages for each page.
- Some text of the wiki software had to be added in four languages (en, nl, de, cyriot ) or to be changed (translation not correct or missing).
- It should also be possible to backup and restore content.

### 4.1 Content

Before filling the Wiki manual with content, the overall layout was defined. The three main chapters included:

1. Introduction: Short introduction to dementia and Böhm's Care Model.
2. The MI-Tale App: In-depth description of the MI-Tale app and its functionalities
3. Considerations and Recommendations: Tips for caregivers on how to use the app

In the Netherlands, MI-Tale was also tested by healthy elderly people. In this setting we decided to avoid the term 'dementia' and focus on biography work instead.

Interested readers can find the MI-Tale wiki manual under <https://mi-tale-wiki.lifetool.at/doku.php?id=en:start>.

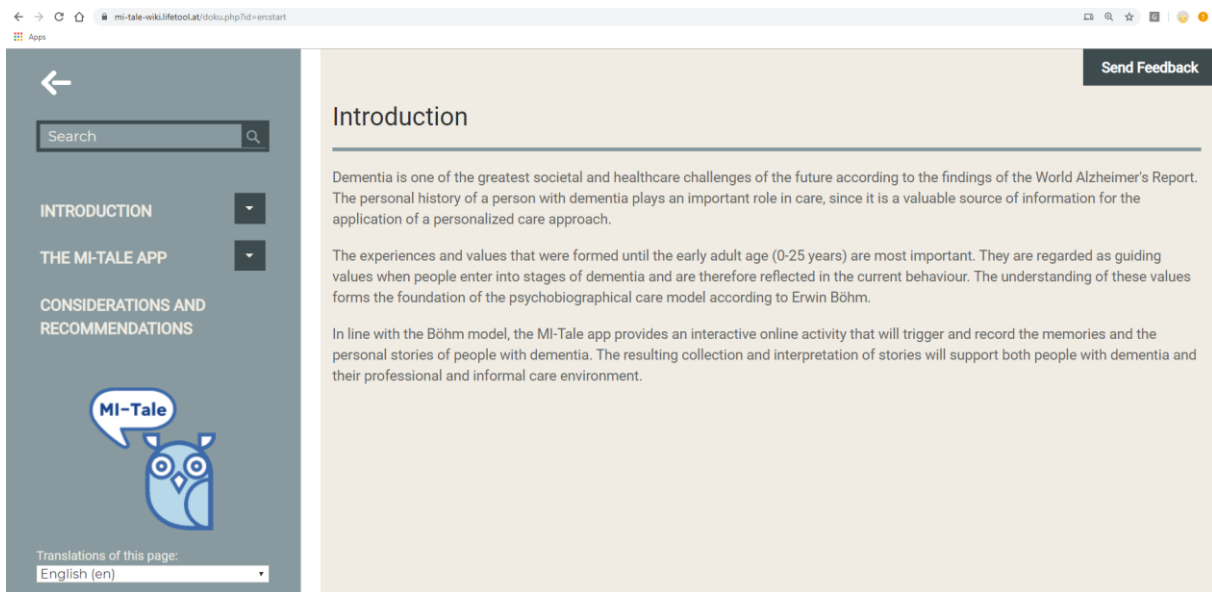


Figure 1 - Screenshot 1, MI-Tale Doku-Wiki

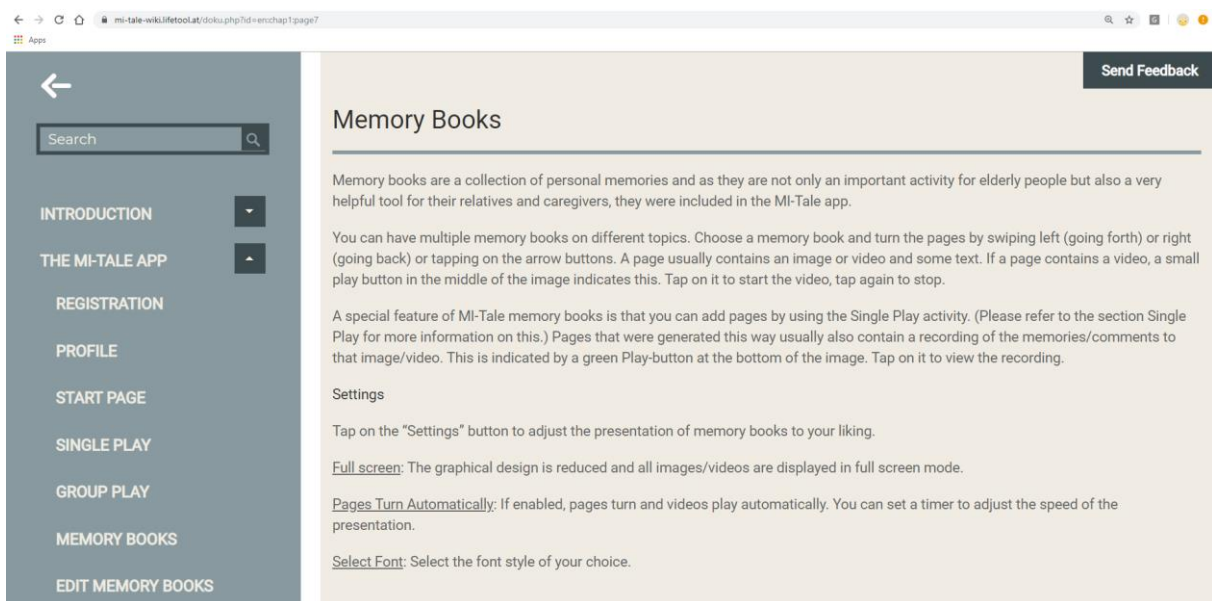


Figure 2 - Screenshot 1, MI-Tale Doku-Wiki

## 4.2 Technical Aspects and MI-Tale Work-ins

To setup the MI-Tale Wiki server the Azure Cloud was prepared. (This encompassed creating an account, VPN, Firewall and other procedures). After that, a Virtual Machine was set up and a Virtual Private Network with a public IP was created. In addition, a possibility to connect by FTP and PuTTY SSH console was implemented. Then the Wiki, mail-server and other components were installed, configured and tested. A bunch of test pages was created and translated. The feedback system was installed, set up and tested. A side navigation was added.

A backup and surveillance environment was additionally established.



## Cloud Frontend

- Creating Accounts, configuration of Public IPs, Firewall ports, VPN, DNS
- Create Virtual Machine and configure Virtual Machine
- Maintenance of Cloud services: surveillance, backups
- Cost and service control

## Company mail

- Creation of mail accounts for reports, backups and feedback tool

## Server (Live System)

- Installation and Setup of Ubuntu 14.04 LTS
- Configuration of SFTP
- Creation and installation of PuTTY SSH certificate
- Installation and Setup of mail services, cron jobs, backup jobs, NTP Daemon and logwatch monitoring services
- Installation and Setup of Wiki Software
  - Basic configuration of users (Editors), Groups and Namespaces in the wiki Admin Panel
  - software
  - Creation of the Page structure
  - Filling the Page structure with dummy content
  - Writing a manual for Editor
  - Installation and configuration of Language Switching Tool
  - Installation and configuration of Feedback Tool
  - Installation and configuration of mail tool
  - Installation and configuration of video tool
  - Maintenance of Server
- Installation of jQuery framework
  - Writing and testing of jQuery helper routines
- Installation of fluid framework and UIOptions
- Adaption of Wiki
  - Adding Hamburger Button to side navigation
  - Adaption and fixing of responsive Design Stylesheets
- Content
  - Transformation of content (Excel to wiki syntax)
  - Creation of new site structure
  - Filling pages with content



## Staging System (Virtual Box)

### Server (Live System)

- Installation and Setup of Ubuntu 14.04 LTS
- Installation and Setup of Wiki Software
  - Basic configuration of users (Editors), Groups and Namespaces in the wiki Admin Panel
  - software
  - Creation of the Page structure
  - Filling the Page structure with dummy content
  - Writing a manual for Editor
  - Installation and configuration of Language Switching Tool
  - Installation and configuration of Feedback Tool
  - Installation and configuration of mail tool
  - Installation and configuration of video tool
  - Maintenance of Server
- Installation of jQuery framework
  - Writing and testing of jQuery helper routines
- Installation of fluid framework and UIOptions
- Adaption of Wiki
  - Adding Hamburger Button to side navigation
  - Adaption and fixing of responsive Design Stylesheets
- Content
  - Transformation of content (Excel to wiki syntax)
  - Creation of new site structure
  - Filling pages with content





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

### Contents of these tasks and tips

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### 1 Introduction

Thank you for participating in the testing phase of the MI-Tale app. We have designed this app to help older 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.

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 has 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.