

Practical training for ILO3

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 **SANTA MARIA
HEALTH SCHOOL**
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Practical training: Demonstrate the ability to use common healthcare digital platforms and applications

Target Audience: Final year Nursing undergraduates

Total Duration: 8 practical hours (Part 1: 1 hours; Part 2: 4 hours; Part 3: 3 hours)

Learning Objective: Plan interventions to demonstrate the ability to use common healthcare digital platforms and applications

Topics: Teletherapy for older adults

Teletherapy with older adults (Patient Cases)

Applying mHealth

Hours	Topics	Activities
1	Teletherapy for older adults	Literature Search
4	Teletherapy with older adults (Patient Cases)	Scenario-Based Problem Solving (60 min): Present students with several scenarios where an older adult is struggling with Teletherapy. In groups, students devise monitoring strategies, evaluation methods, and adaptation plans for each scenario. Sample A & B
		Feedback Loop Practice (45 min): Role-play scenarios where the "nurse" receives feedback from the "patient"
3	Applying mHealth	Sample C & D
		Feedback Loop Practice (45 min): Role-play scenarios where the "nurse" receives feedback from the "patient"

Sample scenario A:

Here's a realistic and culturally grounded scenario involving teletherapy for an older adult patient in a Sri Lankan medical ward. This case highlights the emotional, technological, and systemic challenges that can arise—and how they might be addressed.

Sample Scenario: Teletherapy for Mr. Shelton Jayawardena

Patient Profile

- **Name:** Mr. Shelton Jayawardena
- **Age:** 79
- **Location:** Matara District, Southern Province, Sri Lanka

- **Language:** Sinhala (fluent), limited English
- **Education:** Secondary school
- **Living Situation:** Lives with daughter and son-in-law
- **Medical History:** Stroke (6 months ago), hypertension, mild depression
- **Current Setting:** Admitted to a government hospital medical ward for post-stroke rehabilitation

Presenting Issue

Mr. Jayawardena has been experiencing:

- Persistent low mood and social withdrawal
- Difficulty adjusting to physical limitations post-stroke
- Sleep disturbances and loss of appetite
- Feelings of being a burden to his family

The ward physician refers him for **teletherapy** with a licensed clinical psychologist based in Colombo, due to limited availability of in-person mental health services in Matara.

Teletherapy Setup

- A tablet is provided by the hospital for the session
- A nurse assists with setup and translation if needed
- The psychologist uses a Sinhala-language platform with video and audio
- Sessions are scheduled twice weekly for 30 minutes

Challenges During Teletherapy

1. Technological Barriers

- Mr. Jayawardena is unfamiliar with video calls and feels self-conscious seeing himself on screen
- He struggles to hear clearly due to mild hearing loss and poor audio quality
- Internet connection drops mid-session, causing frustration and disengagement

2. Cultural & Emotional Resistance

- He is skeptical about “talking to a stranger” about personal feelings
- He believes emotional suffering should be endured silently, not treated
- He worries that his family might overhear and judge him

3. Clinical Limitations

- The psychologist finds it difficult to assess non-verbal cues due to poor video resolution
- Mr. Jayawardena gives short, guarded responses, limiting therapeutic progress
- The nurse is present during sessions, which affects privacy and openness

Adaptive Strategies

To improve engagement and outcomes:

- The psychologist begins with **rapport-building in Sinhala**, using culturally familiar metaphors and stories
- Sessions are shifted to **audio-only** to reduce self-consciousness
- A **family psychoeducation session** is added to reduce stigma and encourage support
- The hospital IT team improves connectivity and provides **headphones** for privacy
- Mr. Jayawardena is offered **guided breathing and relaxation exercises** tailored to his post-stroke condition

Outcome After 4 Weeks

- Mr. Jayawardena begins expressing emotions more openly

- He reports improved sleep and appetite
- His daughter notices he's more willing to participate in physiotherapy
- He requests to continue sessions after discharge, with support from his family's smartphone

Sample scenario B:

Here's a compelling and culturally grounded scenario featuring an older Sri Lankan woman navigating the challenges of a digital health intervention:

Scenario: Mrs. Kamala Wijesinghe and the Digital Nutrition Program

Patient Profile

- **Name:** Mrs. Kamala Wijesinghe
- **Age:** 74
- **Location:** Kandy, Central Province, Sri Lanka
- **Language:** Sinhala (fluent), no English literacy
- **Education:** No formal schooling
- **Living Situation:** Lives with her son and daughter-in-law
- **Medical History:** Type 2 diabetes, hypertension, and early-stage cataracts
- **Technology Access:** Her son's old Android smartphone, shared with the household

Health Intervention

Mrs. Wijesinghe was enrolled in a **digital nutrition and lifestyle coaching program** by her local clinic to help manage her diabetes. The program included:

- A **Sinhala-language mobile app** with daily meal suggestions
- **Video tutorials** on healthy cooking and portion control
- A **chat-based health coach** available for questions
- Weekly **progress tracking** via photo uploads of meals

Challenges Faced

1. Digital Literacy Barriers

- She couldn't unlock the phone without help and often waited for her son to be home
- She didn't understand how to navigate the app or access the videos
- She accidentally deleted the app twice and didn't know how to reinstall it

2. Health Literacy Gaps

- She believed skipping rice entirely was the only way to control diabetes
- She misunderstood portion sizes and thought "healthy" meant eating less overall
- She was embarrassed to ask questions in the chat, fearing she'd "sound foolish"

3. Cultural Disconnect

- The app featured Western-style meals (e.g., quinoa salad) that felt unfamiliar
- She preferred traditional Sri Lankan dishes but didn't know how to modify them
- Her daughter-in-law cooked for the family and didn't always follow the app's guidance



Emotional Impact

- Mrs. Wijesinghe felt overwhelmed and discouraged
- She began skipping meals to avoid "doing it wrong"
- Her blood sugar levels became erratic, leading to a clinic visit

Adaptive Strategies

To better support her:

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- The clinic introduced **in-person group sessions** with other older adults
- A **community health worker** visited weekly to help her use the app
- The app was updated to include **local recipes** with visual portion guides
- Her daughter-in-law was invited to a **family nutrition workshop**
- Voice notes in Sinhala were added to replace written instructions

Outcome After 6 Weeks

- Mrs. Wijesinghe began using the app independently with voice guidance
- She felt more confident and started modifying her favorite dishes
- Her blood sugar stabilized, and she reported feeling “less afraid of food”
- She even began sharing tips with her neighbors at the temple

Sample scenario C:

Here’s a culturally relevant and realistic scenario featuring a Sri Lankan woman applying mobile health (mHealth) in her daily life. This case highlights both the promise and the challenges of mHealth adoption in older adults.

Scenario: Mrs. Shanthi Rajapaksha and the mHealth Diabetes App

Patient Profile

- **Name:** Mrs. Shanthi Rajapaksha
- **Age:** 68
- **Location:** Kurunegala, North Western Province, Sri Lanka
- **Language:** Sinhala (fluent), no English literacy
- **Education:** Completed Grade 8
- **Living Situation:** Lives with her husband; children live abroad
- **Medical History:** Type 2 diabetes, high cholesterol, mild arthritis
- **Technology Access:** Owns a basic Android smartphone gifted by her daughter

Health Challenge

Mrs. Rajapaksha has struggled with fluctuating blood sugar levels and poor dietary control. Her local clinic recommends she try a **Sinhala-language mHealth app** designed for diabetes management. The app includes:

- Daily blood sugar logging
- Meal tracking with local food options
- Medication reminders
- Educational videos in Sinhala
- Chat support with a remote health coach

Initial Struggles

1. Digital Literacy

- She didn’t know how to download the app and relied on her neighbor’s grandson to install it
- She often forgot her phone’s password and couldn’t access the app without help
- She accidentally deleted her blood sugar logs and didn’t know how to retrieve them

2. Health Literacy

- She misunderstood the app’s portion size visuals, thinking “healthy” meant eating less rice but skipping vegetables
- She ignored medication reminders, believing she could “feel” when her sugar was high
- She was hesitant to ask questions in the chat, fearing she’d be judged

3. Cultural Fit

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- The app featured some Western food items (e.g., oats, quinoa) that felt unfamiliar
- She preferred traditional meals like *kiribath* and *parippu*, but didn't know how to log them
- Her husband was skeptical of "phone medicine" and discouraged her from relying on it

Adaptive Solutions

- Her daughter arranged a **virtual onboarding session** with a health coach in Sinhala
- The app was updated to include **local food entries** and visual guides for *rice*, *sambol*, *mallung*, and *curry*
- A **voice-based interface** was activated so she could log meals and glucose readings by speaking
- Her clinic added **monthly in-person check-ins** to complement the app
- Her husband was invited to a **family health session**, which helped build trust in the intervention

Outcome After 3 Months

- Mrs. Rajapaksha began using the app daily with confidence
- Her blood sugar readings stabilized, and she felt more in control of her diet
- She started sharing tips with other women at her temple group
- Her doctor noted improved medication adherence and fewer fluctuations in her glucose levels

Sample scenario D:

Here's a realistic and culturally grounded scenario featuring a Sri Lankan male using mHealth to manage a chronic condition. This case highlights both the potential and the barriers of mobile health adoption in older adults.

Scenario: Mr. Sunil Abeysekera and the mHealth Cardiac Monitoring App

Patient Profile

- **Name:** Mr. Sunil Abeysekera
- **Age:** 66
- **Location:** Anuradhapura, North Central Province, Sri Lanka
- **Language:** Sinhala (fluent), limited English
- **Education:** Completed O/Ls
- **Occupation:** Retired school principal
- **Living Situation:** Lives with wife; children live in Colombo
- **Medical History:** Ischemic heart disease, hypertension, and borderline diabetes
- **Technology Access:** Owns a mid-range Android smartphone

Health Challenge

Following a minor heart attack, Mr. Abeysekera was advised to monitor his vitals regularly and adopt lifestyle changes. His cardiologist recommended a **Sinhala-enabled mHealth app** that includes:

- Daily blood pressure and heart rate logging
- Medication reminders
- Physical activity tracking
- Educational content on cardiac health
- Emergency alert feature linked to his hospital

Initial Barriers

1. Digital Literacy

- He was unfamiliar with app stores and needed help downloading the app
- He struggled to pair his Bluetooth blood pressure monitor with the app
- He often forgot to log his readings and didn't understand how to interpret the graphs

2. Health Beliefs

- He believed that if he felt "normal," monitoring wasn't necessary
- He skipped medication reminders, thinking they were "just suggestions"
- He was skeptical about relying on a phone for health decisions

3. Social Dynamics

- His wife was supportive but also unfamiliar with the technology
- His children tried to help remotely but couldn't guide him effectively over the phone
- He felt embarrassed asking younger neighbors for tech help

Adaptive Strategies

- His local clinic arranged a **one-on-one onboarding session** with a community health worker
- The app interface was customized with **large Sinhala text and voice prompts**
- A **weekly automated phone call** reminded him to log his vitals
- His wife was included in the training to support daily use
- His cardiologist reviewed his app data during monthly visits, reinforcing its value

Outcome After 2 Months

- Mr. Abeysekera began logging his vitals consistently
- He reported feeling more in control of his health and less anxious
- His blood pressure stabilized, and he became more active
- He started encouraging other retirees at his temple to try mHealth tools