

of technology development for older adults: the identification and monitoring of a personally relevant goal that is addressed through technology adapted to meet that individual goal.

My interests lie in person-centered technology for older adults with mild impairments in cognition, with a focus on maximizing everyday functional ability and well-being. Inspired by several in-person, paper-based cognitive rehabilitation programs (Clare et al., 2010; Greenaway, Duncan, & Smith, 2013), our team aimed to develop a mobile technology-based system of memory support to include multiple components built for adaptability to individual goals; furthermore, we included our end users (older adults with memory concerns) from the very beginning: the app development process. The app itself included a calendar system, to-do list, journal, and attention-training program, all built to maximize ease of use for individuals new to touch screen technology. But the core of our program was our focus on the person, specifically: working collaboratively to identify a personally relevant memory goal (i.e., an area of life identified as negatively impacted by memory problems), adapting the app for each individual to address the goal he/she identified as most important, and customizing training and technology support based on each individual's needs and experience. Examples of person-centered memory goals identified by participants included being able to recall the names of two new members of a morning coffee group and completing morning tasks in order, within a specified time period.

In the end, participants ($N = 12$) had positive outcomes overall. On a scale of 1 (*low*) to 10 (*high*), self-rated ability to perform the activity specified in their memory goal increased from 6.7 to 8.2, on average, and satisfaction with performance on their memory goal increased

from 5.8 to 8.8. But the numbers only tell part of the story. As one participant shared:

The fact that I had it and that I had thought it through was a help. It has made me over these weeks more realistic about how much time I need to get ready to go somewhere. And I hope that lasts. I don't know if it will when I'm not putting it into something, but it has, and that's been good. It brings my anxiety level down.

This type of feedback begs the question: was the intervention successful because it helped individuals make progress on a personally relevant memory goal or because it alleviated worry/anxiety/a desire to take action in the face of perceived memory decline? That question will have to wait for further investigation by our research team, but I would argue that our focus on the person may be the active ingredient, and we may achieve multiple positive outcomes by addressing goals most meaningful to each individual.

This is an exciting time of technology innovation that shows no signs of slowing. Wearable camera systems for family caregivers of individuals with dementia (Matthews et al., 2016), mobile apps to promote reminiscence (Hamel, Sims, Klassen, Havey, & Gaugler, 2016), and information visualization to improve engagement in the advance directives process (Woollen & Bakken, 2016) are some of the recent examples highlighted in the *Journal of Gerontological Nursing*. There are so many opportunities for nurses to make a positive impact on the lives of older adults and their families through technology. Our team embraces the following tenets for a person-centered approach to technology for older adults: (a) involve older adults in development and testing; (b) consider individual needs, preferences, and characteristics; (c) focus on outcomes that are personally relevant to each older adult; (d) customize technology for each individual's

identified goal(s); and (e) recognize that technology adoption is a process with a moving target. As nurses and patient advocates, we keep the person/patient at the center of what we do, and this makes us critical partners in advancing gerontological nursing through technology development and implementation.

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