R. FUKUDA, K. KUMASAKA, M. KUDO, Y. ONO, H. MATSUBARA, A. SHINJO. **Effectiveness of a portable care recording system in improving caregivers' awareness.** *Gerontechnology 2012;11(2):404;* doi:10.4017/gt.2012.11.02.437.00 **Purpose** To improve the quality of care, caregivers must provide individualized care according to the condition of a care receiver[1-3]. Such care service requires greater awareness of the receiver's condition. Toward this end, we developed a portable care recording system that enhances caregivers' awareness of the condition of those to whom they provide care (*Figure 1*). In this study, the system's effectiveness was examined in actual use in a nursing home. **Method** More than 30 caregivers in three units of two nursing homes participated in this trial for three months. They rated the condition and behavior of each care receiver on a five-point scale (from −2 to +2) using the care recording system. This system defines 13 behavior and eight 'awareness' codes. The awareness codes were used if caregivers showed concern about a care receiver's condition, communicated with the person to learn about his/her condition, or gained a particular insight into the person. Caregivers were further instructed to record in as much detail as possible everyday conditions of their care receivers. The data obtained was provided as feedback to the caregivers every month, and they used it to discuss awareness regarding their daily care services. The system's effectiveness was verified by an analysis of recorded data and protocol analysis during discussions and individual interviews after the trial. **Results & Discussion** Skilled caregivers recorded more data, particularly, 'awareness' codes, than did novices. For instance, the leader of Unit A recorded twice as many awareness codes as those recorded by novices. Further, skilled caregivers recorded data evenly for all care receivers, whereas novices concentrated on few. Ratings of care receivers' condition by skilled caregivers were more positive than those by novices; this means that skilled caregivers noticed good conditions of care receivers more frequently. In addition, interview data revealed that skilled caregivers made every effort to improve the condition of those under their care. During the discussion based on the feedback data, all caregivers learned about the differences between their data and that of others. In particular, novices recognized their weaknesses that might not have been noticed without the data. Consequently, after discussions, they tried to improve their services, for instance, by paying greater and more uniform attention to all care receivers or by speaking with them more frequently to learn about their condition. Accordingly, differences in recorded data between skilled caregivers and novices diminished over time. In addition, discussions about the differences in ratings led to knowledge sharing that improved the care of each care receiver. From these findings, we conclude that the care recording system improved professional caregivers' awareness and it can be a powerful tool for training caregivers.

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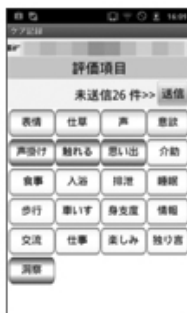
Figure 1. User interface of the developed care recording system (left and center) and input by a caregiver in a nursing home (right)