

M. Schaff, V. Rialle, A. Poulain, M. Carré. *A methodology for gerontechnology consulting as a response to gerontologists' request. Gerontechnology 2008; 7(2):206.* As the elderly population in institution increases regularly, recent technological advancement brings hope for the improvement of the quality of treatment and of the working conditions of the medical staff. This hope finds a significant echo in different medical and social publications^{1,2}. However, because of their increasing workload, the same medical staff cannot spend the time necessary to inform themselves or train in those news methods. Hence, the crucial need of this staff to have access to detailed information and conclusive data on the capacities, technical performances and drawbacks concerning the use of these technologies. This article describes a methodology devised to respond to such a need, a need stressed by a group of geriatricians and gerontologists in institution during the year 2007.

Methods The method for the technological response to the needs expressed by gerontologists is composed of the following 5 stages: (i) The gerontologists express, globally and informally, their needs, waits and queries concerning this kind of technologies; (ii) Precise identification of the needs for those three categories of people: doctors-gerontologists, nursing staff and patients; (iii) The inventory of the technologies responding to those needs; (iv) The study of the impact of the use of these technologies on the organisation of treatment, the task planning and nature of the building work to be done for that purpose; (v) The recommendation of a precise technological device. In order to illustrate its efficiency, this methodology has been applied to a specific need: the activity monitoring of patients in institution. **Results and discussion** The conception of the method results in a detailed description of the content of each stage: (i) Semi-directing interviews of claim; (ii) A grid of analysis and formalization of needs to structure the information and to organize them into a hierarchy; (iii) A matrix of analysis enabling comparison between specific needs and technologies from data base and complementary technological watch; (iv) Semi-directing interviews of industrialists to expose them to specific needs; (iv) Use of the database dedicated to elderly technologies – AGEIS-Online. The application of this method to activity monitoring of patients in institution made it possible to select two uncommon technologies responding to the technical needs of doctors. We reach precise study of the advantages and difficulties due to the setting up of new technologies in institutions. This study has highlighted the necessity for a referential source of information. As a matter of fact, the main lagging factor restraining the adoption of gerontological tools by the medical staff is the lack of provided information and training. The necessary technological watch for the improvement of their knowledge in technological tools must be subcontracted to professionals specialized in the fields of health, given: (i) the multiplication of apparatus competing commercially but not in terms of performance; (ii) the technicity of supplies of which advertising praises the assets without giving objective and scientific information on their actual use.

References

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