



Geriatric Nursing Assistant Career Development Program
PRE-TEST CONCEPT ASSESSMENT FORM

Facility Name: _____ **Date:** _____

Please rate your current knowledge levels on the following topics by using this scale.

	Limited Knowledge	Some Knowledge	Extensive Knowledge	Expert Knowledge
1. Patient Safety (infection control, emergency handling, safe transfer...)	1	2	3	4
2. Teamwork and Cooperation	1	2	3	4
3. Aging and Illness (common diseases of elder and treatments...)	1	2	3	4
4. Tactics for productive communication	1	2	3	4
5. Nutrition for older adults	1	2	3	4
6. Spirituality and Dying (how to ease fears and anxieties, emotional support...)	1	2	3	4
7. Residents' Quality of Life (psychosocial difficulties, depression...)	1	2	3	4
8. Dementia Care	1	2	3	4
9. Importance of Family (how to work with family members...)	1	2	3	4

❖ ❖ ❖ **Thank You** ❖ ❖ ❖



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