

Post-Test: Mental Health Issues in ElderCare

Name _____

(Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.) Enter N/A if you are not employed.

Hospital _____ Unit _____

*Email Address _____

*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

- 1) Delirium may be caused by:
 - a) Medications
 - b) Metabolic disorders
 - c) Alcohol overuse
 - d) All of the above

- 2) What percentage of elders with dementia have Alzheimer's disease?
 - a) 25%
 - b) 50%
 - c) 75%
 - d) 100%

- 3) A patient with Alzheimer's disease who presents to your hospital with psychotic symptoms and need for assistance in all ADL's is in what stage?
 - a) Forgetfulness
 - b) Early confusional
 - c) Middle dementia
 - d) Late dementia

- 4) Essential components of the management of dementia should include all EXCEPT:
 - a) A safe, structured environment
 - b) Frequent checks of skin condition
 - c) Increased auditory and visual stimulation
 - d) Monitoring non-verbal cues

- 5) Signs of depression in the elderly could include:
 - a) Fatigue
 - b) Weight loss
 - c) Decreased interest in socializing
 - d) All of the above

- 6) The prevalence of heavy drinking and alcoholism tends to decline after age 65.
 - a) True
 - b) False

- 7) Symptoms to consider in an elder who is potentially abusing alcohol or drugs include:
 - a) Drinking/taking a drug to calm nerves
 - b) Injuries and falls
 - c) Social isolation
 - d) All of the above

- 8) Issues to consider in the elder who is paranoid include all of the following except:
 - a) Sensory losses or misperceptions
 - b) Nutritional status
 - c) Sleep deprivation
 - d) Intellect

- 9) Is it mandatory to report suspected elder abuse in Minnesota when the patient lives in an institution?
 - a) Yes
 - b) No

Expiration date: The last day that post tests will be accepted for this edition is **December 31, 2017**—your envelope must be postmarked on or before that day.

Evaluation: Mental Health Issues in ElderCare

Please complete the evaluation form below by placing an “X” in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Review normal changes of aging related to cognitive, mental, and behavioral health.	
2. Discuss the causes, symptoms, diagnosis, and management of mental illness in the elderly patient.	
3. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
6. Notice of requirements for successful completion, including purpose and objectives	
7. Conflict of interest	
8. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
9. Sponsorship or commercial support	
10. Non-endorsement of products	
11. Off-label use	
12. Expiration Date for Awarding Contact Hours	
13. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

14. How long did it take you to read this home study and complete the post test and evaluation:

_____ hours and _____ minutes.

15. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?

___ Yes

___ No, more contact hours should have been offered

___ No, fewer contact hours should have been offered.

Expiration date: December 31, 2017
