



A & E INTERVIEW QUESTIONNAIRE

Candidate Name	
Area of speciality	
BAND/GRADE	
Date	
Interview completed	<input type="checkbox"/> London Headoffice <input type="checkbox"/> Video Interviewing

THIS ASSESSMENT CONSIST OF 4 PARTS:

1. A & E KNOWLEDGE BASED ASSESSMENT PAPER	3. SKILL CHECKLIST
2. ENGLISH TEST	4. FACE-TO-FACE ASSESMENT WITH OUR CLINICAL MANAGER

A&E KNOWLEDGE BASED ASSESSMENT PAPER – PART 1

CHOOSE THE CORRECT ANSWER:

- | | |
|--|--|
| 1. Central Capillary refill time gives a rough estimate of volume status and should be <2 secs. (5 marks) | <input type="checkbox"/> True <input type="checkbox"/> False |
| 2. Acute episodes of asthma are common and can be potentially life threatening. (5 marks) | <input type="checkbox"/> True <input type="checkbox"/> False |
| 3. Presence of noisy breathing in severe asthma patient.
Question A: The nurse may need to perform which maneuvers if airway becomes compromised? (10 marks) | |
| <input type="checkbox"/> Head tilt, chin lift <input type="checkbox"/> Jaw thrust <input type="checkbox"/> Insertion of airway adjunct <input type="checkbox"/> Tachypnea <input type="checkbox"/> All of the above <input type="checkbox"/> None of the above | |
| Question B: Give high flow oxygen if oxygen saturations are less than 95%. (5 marks) | <input type="checkbox"/> True <input type="checkbox"/> False |

GIVE THE BEST ANSWERS TO THE SITUATIONAL QUESTIONALS BELOW:

4. Following admission to the ward a patient developed persistent Pyrexia and cough. List at least 2 lab examination that would be appropriate. (15 Marks)

Answer:

5. Post exploratory laparotomy patients are often times nil by mouth for a few days. For what reason is Omeprazole would be prescribed for this type of patients? (15 Marks)

Answer:



CALCULATE THE FOLLOWING AND CHOOSE THE APPROPRIATE ANSWER BELOW:

6. How many milligrams of adrenaline are there in 1ml of a 1:1000 concentration. (10 marks)

- 100mg 2mg 100mg 1mg

7. A syringe of 5mg Midazolam diluted in 10ml of saline is prepared. You need to administer 1.5mg IV for sedation. How many milliliters will you administer? (10 marks)

- 3ml 2ml 10ml 1.5ml

8. A patient is prescribed 150mg of Pethidine. The stock is 60mg/2ml ampoule. What volume will you require? (10 marks)

- 2ml 5ml 3ml 4ml

9. During Penicillin administration a 25 year old patient developed an anaphylaxis reaction.
Question A: How much adrenaline must be given? (10 marks)

- 1mg 200mcg 500mcg 10mg

Question B: Which route of administration must be used? (5 marks)

- Intramuscular Intra Venous Oral Subcutaneous

ENGLISH TEST – PART 2

1. Please tick the most appropriate word to be used to complete the sentence.

The nurse _____ the medication on to the patient. {give / gave / given}

2. Please tick the most appropriate word to be used to complete the sentence.

The patient _____ be administered intravenous antibiotics. {Would / is / Will}

3. Please tick the most appropriate word to be used to complete the sentence.

_____ are 25 beds on ward 5 {There / Their / They're}

4. The word below is spelt phonetically please write the correct spelling of the word in the box provided.

Medicayshion :

5. The word below is spelt phonetically please write the correct spelling of the word in the box provided.

Prespkriptshion:

6. Please rewrite the sentence below adding in missing punctuation and capital letters.

dr wright requested the nurse to conduct a blood test for patient mrs smith in ward 11 and wanted to be updated once the results were received:

7. What are the usual patient observations recorded on a NEWS sheet?

8. Please could you kindly explain what ABC in the acronym ABCDE stands for?

A&E SKILL CHECKLIST – PART 3

Please complete this form by ticking the correct boxes and making any comments that you feel that may be necessary in the last box.

SKILL					
PATIENT OBSERVATIONS & RECORDINGS	No Experience	Competent	SKILLS	No Experience	Competent
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Administration of Entonox	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Aseptic Technique	<input type="checkbox"/>	<input type="checkbox"/>
Early Warning Scores	<input type="checkbox"/>	<input type="checkbox"/>	ANTT	<input type="checkbox"/>	<input type="checkbox"/>
Glasgow Coma Scales	<input type="checkbox"/>	<input type="checkbox"/>	BM Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	Venepuncture	<input type="checkbox"/>	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	<input type="checkbox"/>	Cannulation	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Area Care	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar Puncture – set up	<input type="checkbox"/>	<input type="checkbox"/>
Dietary Requirements	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizure Management	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Balance Charts	<input type="checkbox"/>	<input type="checkbox"/>	Chest Drain – set up	<input type="checkbox"/>	<input type="checkbox"/>
			Chest Drain – manage	<input type="checkbox"/>	<input type="checkbox"/>
DOCUMENTATION	No Experience	Competent	NG tube insertion	<input type="checkbox"/>	<input type="checkbox"/>
Care Pathways – Paper	<input type="checkbox"/>	<input type="checkbox"/>	Catheterisation – Female	<input type="checkbox"/>	<input type="checkbox"/>
Care Pathways – Electronic	<input type="checkbox"/>	<input type="checkbox"/>	Catheterisation – Male	<input type="checkbox"/>	<input type="checkbox"/>
Prioritize Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	Burns – Major	<input type="checkbox"/>	<input type="checkbox"/>
Meet Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	Burns – Minor	<input type="checkbox"/>	<input type="checkbox"/>
Assess and Implement Care	<input type="checkbox"/>	<input type="checkbox"/>	Assist with Fractures	<input type="checkbox"/>	<input type="checkbox"/>
Incident Reporting	<input type="checkbox"/>	<input type="checkbox"/>	Assist with Dislocations	<input type="checkbox"/>	<input type="checkbox"/>
			Suturing	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY PROCEDURES/AREAS OF WORK	No Experience	Competent	Glue	<input type="checkbox"/>	<input type="checkbox"/>
			Staple	<input type="checkbox"/>	<input type="checkbox"/>
Arrest Calls – Adults	<input type="checkbox"/>	<input type="checkbox"/>	Plastering	<input type="checkbox"/>	<input type="checkbox"/>
Arrest Calls – Pediatric	<input type="checkbox"/>	<input type="checkbox"/>	Collar and Cuff	<input type="checkbox"/>	<input type="checkbox"/>
Major Accident Procedures	<input type="checkbox"/>	<input type="checkbox"/>	Neck Collars	<input type="checkbox"/>	<input type="checkbox"/>
Triage	<input type="checkbox"/>	<input type="checkbox"/>	Eye Washout	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Triage	<input type="checkbox"/>	<input type="checkbox"/>	Dressings	<input type="checkbox"/>	<input type="checkbox"/>
Majors	<input type="checkbox"/>	<input type="checkbox"/>	Drug Calculations	<input type="checkbox"/>	<input type="checkbox"/>
Minors	<input type="checkbox"/>	<input type="checkbox"/>	IV Drugs	<input type="checkbox"/>	<input type="checkbox"/>
ALS	<input type="checkbox"/>	<input type="checkbox"/>	IV Infusions	<input type="checkbox"/>	<input type="checkbox"/>
ILS	<input type="checkbox"/>	<input type="checkbox"/>	IV Opiate Administration	<input type="checkbox"/>	<input type="checkbox"/>
BLS	<input type="checkbox"/>	<input type="checkbox"/>	Neurovascular Observations	<input type="checkbox"/>	<input type="checkbox"/>
PLS	<input type="checkbox"/>	<input type="checkbox"/>	Assisting with Trauma Cases	<input type="checkbox"/>	<input type="checkbox"/>
TNCC	<input type="checkbox"/>	<input type="checkbox"/>	Complex Wound Care	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Monitors	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Supervise	<input type="checkbox"/>	<input type="checkbox"/>
ECG variations	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Manage	<input type="checkbox"/>	<input type="checkbox"/>



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EMERGENCY PROCEDURES/AREAS OF WORK	No Experience	Competent	SKILLS	No Experience	Competent
O ² Administration	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Ulcer Grading and Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Suction	<input type="checkbox"/>	<input type="checkbox"/>	Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>
External Temp Pacing	<input type="checkbox"/>	<input type="checkbox"/>	Managing Anger & Aggression	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Immobilisation	<input type="checkbox"/>	<input type="checkbox"/>	Child Protection	<input type="checkbox"/>	<input type="checkbox"/>
Nebuliser	<input type="checkbox"/>	<input type="checkbox"/>	Safeguarding	<input type="checkbox"/>	<input type="checkbox"/>
CPAP/BiPAP	<input type="checkbox"/>	<input type="checkbox"/>			

FACE-TO-FACE INTERVIEW (TO BE FILLED BY CLINICAL MANAGER) PART 4

1. Please take me through your work history for the last 5 years.
2. What other agencies have you registered with in the past and are you still registered with them?
3. Have you ever been refused registration by an agency/Hospital?
4. Have you ever been suspended or dismissed by an employer? If yes please provide details below.
5. Have you ever received a caution, undergone an investigation, or been convicted of any offence on your DBS or in any overseas country? If yes please provide details in the box below
6. Have you ever received a caution, undergone an investigation or been subject to restricted practice, or been removed from the register of your relevant governing body (NMC, GMC or HCPC)? If yes please provide details below
7. What is your present employment status?



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8. What additional trainings have you done to enhance your skills at work?
9. How many shifts per week can you work? Would you prefer Days/Nights?
10. What are your preferred work areas/Specialities?
11. Are there any areas/speciality you are not willing to work in?
12. If you are employed by NHS, when was your last appraisal done?
13. Which ares would you be intrested in working for Zentar?
<input type="checkbox"/> NHS / Private Hospitals <input type="checkbox"/> Nursing Homes <input type="checkbox"/> VIP Care Packages
14. Which geographical area you would prefer to do agency work in?

INTERVIEW OBSERVATIONS	
1. A&E Questionnaire	/100
2. How did the candidate score in Englis Test (Written/Verbal)	<input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT
3. Overall Impression of the candidate taking imnto account appearance & punctuality.	<input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT

INTERVIEW SCORE
Has the candidate Passed/Failed
<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Candidate Signature:	
Interviewers Name:	
Interviewers Signature:	
Date:	