



ZENTAR HEALTHCARE

Patient Care is Paramount

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

MIDWIFE KNOWLEDGE BASED ASSESSMENT PAPER – PART 1

CHOOSE THE CORRECT ANSWER:

1. Hyperglycaemia can be a serious problem if not treated in time. (5 Marks)	<input type="checkbox"/> True <input type="checkbox"/> False
2. Insulin can be administered via subcutaneous injection without a doctor's prescription. (5 Marks)	<input type="checkbox"/> True <input type="checkbox"/> False
3. A patient with chronic pulmonary disease has a bluish tinge around the lips. The nurse charts which term to most accurately describe the patient's condition? (5 Marks)	
<input type="checkbox"/> Hypoxia <input type="checkbox"/> Dyspneal <input type="checkbox"/> Cyanosis <input type="checkbox"/> Tachypnea	

GIVE THE BEST ANSWERS TO THE SITUATIONAL QUESTIONALS BELOW:

4. A client is in the second stage of labor and has been pushing for almost an hour. What interventions is the most appropriate for the client at this stage?
Answer:
5. A midwife is monitoring a client in labor who is receiving intravenous oxytocin. The fetal heart rate monitor tracing reveals decelerations occurring 35 seconds after the onset of each contraction and continuously past the end of the each contraction. Which of the following is the priority action of the midwife? (15 Marks)
Answer:



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6. A midwife is monitoring a client who is in labor. Assessment findings reveal that the fetus is in LOA position. The midwife notes that the presenting part of the fetus is at 0 station. This finding indicates that:

Answer:

CALCULATE THE FOLLOWING AND CHOOSE THE APPROPRIATE ANSWER BELOW:

7. Calculate the rate of 1 litre of Sodium Chloride 0.9% to infuse for 12 hours? (10 Marks)

- 100ml/hr 125ml/hr 83ml/hr 166ml/hr

8. A patient is to be administered 5mg of Morphine IM injection. The stock ampule comes in 10mg/ml. What volume will you require? (10 Marks)

- 3ml 0.5ml 2.5ml 4ml

9. Calculate the rate of 1 litre of Hartmann's solution to infuse for 8 hours? (10 Marks)

- 100ml/hr 125ml/hr 83ml/hr 166ml/hr

10. A patient is to be administered 100mg of Pethidine IM injection. The stock ampule comes in 50mg/ml. What volume will you require? (10 Marks)

- 3ml 5ml 2ml 4ml

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?



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MIDWIFERY 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

ASSESSMENTS, OBSERVATIONS AND RECORDINGS FOR MOTHER AND FOETUS	NO EXPERIENCE	REQUIRES FURTHER DEVELOPMENT	COMPETENT
Labour Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological/Psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal/Fluid Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of Ante-Partum and Post-Partum Haemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRUG ADMINISTRATION PRACTICE AND PROCEDURES			
Calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Administrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Local Anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal Suppositories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IM Injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC Injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalation Analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT			
Syringe Drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVAC/IMED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCA's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidurals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CTG Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKILLS			
Assist With Artificial Rupture of Membranes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist With Anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venepuncture and Cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of Specimens and Vaginal Cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set Up Delivery Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aseptic Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circulate Vaginal Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catheterisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination of the Newborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission/Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising/Teaching Junior Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Response to Assess/Plan/Implement & Evaluate Programmes of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work as an Effective Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lochia Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placenta Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWLEDGE AND UNDERSTANDING			
Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equal opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NMC code of conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional code of conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures actions contribute to equality	<input type="checkbox"/>	<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



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7. What is your present employment status?
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. Midwife 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:	