



NICU INTERVIEW QUESTIONNAIRE

Candidate Name	
Area of speciality	
BAND/GRADE	<input type="checkbox"/> Band 2 <input type="checkbox"/> Band 3 <input type="checkbox"/> Band 4
Date	
Interview completed	<input type="checkbox"/> London Headoffice <input type="checkbox"/> Video Interviewing

THIS ASSESSMENT CONSIST OF 4 PARTS:

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

NICU KNOWLEDGE BASED ASSESSMENT PAPER – PART 1

CHOOSE THE CORRECT ANSWER:

1. Acute episodes of asthma are common and can be potentially life threatening. (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. When performing an assessment on a neonate, which assessment finding is most suggestive of hypothermia? (5 Marks)	<input type="checkbox"/> True <input type="checkbox"/> False
<input type="checkbox"/> Bradycardia <input type="checkbox"/> Hyperglycemia <input type="checkbox"/> Metabolic alkalosis <input type="checkbox"/> Shivering	

GIVE THE BEST ANSWERS TO THE SITUATIONAL QUESTIONALS BELOW:

4. A nurse prepares to administer a vitamin K injection to a newborn infant. The mother asks the nurse why her newborn infant needs the injection. The best response by the nurse would be: (15 Marks)
Answer:
5. A nurse in a delivery room is assisting with the delivery of a newborn infant. After the delivery, the nurse prepares to prevent heat loss in the newborn resulting from evaporation by: (15 marks)
Answer:



6. A nurse in a newborn nursery is performing an assessment of a newborn infant. The nurse is preparing to measure the head circumference of the infant. The nurse would most appropriately: (15 marks)

CALCULATE THE FOLLOWING AND CHOOSE THE APPROPRIATE ANSWER BELOW:

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

- 10mg 2mg 1 mg 20 mg

8. Gentamycin 20mg is prescribed to be given IV. The drug comes in 80mg/2ml vial. How many ml would you need to administer? (10 Marks)

- 0.5ml 2.5ml 4 ml 1ml

9. A patient is prescribed 20mg of Pethidine. The stock is 50mg/2ml ampoule. What volume will you require? (10 marks)

- 2ml 0.8ml 0.5ml 3ml

10. Heparin is available as 4000 units/5ml. What volume is needed to give 800 units? (10 marks)

- 2ml 4ml 5ml 1ml

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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NICU 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.

PATIENT OBSERVATIONS & RECORDINGS	No Experience	Competent	SKILLS	No Experience	Competent
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Obtain BM	<input type="checkbox"/>	<input type="checkbox"/>
Neurolovascular	<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"/>
Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	3 Lead ECG	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Requirements	<input type="checkbox"/>	<input type="checkbox"/>	NLS/Life Support	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	NAS/PAT	<input type="checkbox"/>	<input type="checkbox"/>
Renal	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizure Management	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Balance	<input type="checkbox"/>	<input type="checkbox"/>	Management of Chest Drains	<input type="checkbox"/>	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	<input type="checkbox"/>	Stoma Care	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic			Re-feeding Distal Stoma	<input type="checkbox"/>	<input type="checkbox"/>
Positioning			Aseptic Technique	<input type="checkbox"/>	<input type="checkbox"/>
DRUGS ADMINISTRATION PRACTICE AND PROCEDURES	NO EXPERIENCE	COMPETENT	NG Tube & OGT Insertion	<input type="checkbox"/>	<input type="checkbox"/>
Calculations	<input type="checkbox"/>	<input type="checkbox"/>	Catheterisation – female	<input type="checkbox"/>	<input type="checkbox"/>
UVC,UAV,PVC	<input type="checkbox"/>	<input type="checkbox"/>	(Brainz) Monitor – EEG	<input type="checkbox"/>	<input type="checkbox"/>
Oral Administrations	<input type="checkbox"/>	<input type="checkbox"/>	Oral Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Line/IV	<input type="checkbox"/>	<input type="checkbox"/>	Nasopharyngeal Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
NG/NJ Tube	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
PEG	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy Tube Change	<input type="checkbox"/>	<input type="checkbox"/>
Long Lines	<input type="checkbox"/>	<input type="checkbox"/>	Care of a Chest Drains	<input type="checkbox"/>	<input type="checkbox"/>
IM Injection	<input type="checkbox"/>	<input type="checkbox"/>	Removal of a Chest Drain	<input type="checkbox"/>	<input type="checkbox"/>
O2 Therapy	<input type="checkbox"/>	<input type="checkbox"/>	CBG/ABG Skills	<input type="checkbox"/>	<input type="checkbox"/>
Topical	<input type="checkbox"/>	<input type="checkbox"/>	Sample Taking	<input type="checkbox"/>	<input type="checkbox"/>
Rectal	<input type="checkbox"/>	<input type="checkbox"/>	Assessing Results	<input type="checkbox"/>	<input type="checkbox"/>
TPN	<input type="checkbox"/>	<input type="checkbox"/>	Interpret Pathology	<input type="checkbox"/>	<input type="checkbox"/>
Nebuliser	<input type="checkbox"/>	<input type="checkbox"/>	Interpret Microbiology	<input type="checkbox"/>	<input type="checkbox"/>
Eye Drops	<input type="checkbox"/>	<input type="checkbox"/>	Identify Abnormal ECG	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	NO EXPERIENCE	COMPETENT	Identify Abnormal Chest X-Ray	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Regulators	<input type="checkbox"/>	<input type="checkbox"/>	Care of an Arterial Line	<input type="checkbox"/>	<input type="checkbox"/>
Overhead Warmers	<input type="checkbox"/>	<input type="checkbox"/>	Arterial Sampling	<input type="checkbox"/>	<input type="checkbox"/>
Incubators	<input type="checkbox"/>	<input type="checkbox"/>	UAC/UVC	<input type="checkbox"/>	<input type="checkbox"/>
Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	Care of Cooling a neonate	<input type="checkbox"/>	<input type="checkbox"/>
Blood Gas Machine	<input type="checkbox"/>	<input type="checkbox"/>	Temperature Parameters	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Monitors	<input type="checkbox"/>	<input type="checkbox"/>	Rewarming of a neonate	<input type="checkbox"/>	<input type="checkbox"/>
Syringe Drivers	<input type="checkbox"/>	<input type="checkbox"/>	Admissions & Discharge	<input type="checkbox"/>	<input type="checkbox"/>
IV Pumps	<input type="checkbox"/>	<input type="checkbox"/>	Supervising Junior Staff	<input type="checkbox"/>	<input type="checkbox"/>
Blood Filter	<input type="checkbox"/>	<input type="checkbox"/>	Dealing with Critical Incidents	<input type="checkbox"/>	<input type="checkbox"/>
Enteral Feeding Pumps	<input type="checkbox"/>	<input type="checkbox"/>	KNOWLEDGE & UNDERSTANDING	NO EXPERIENCE	COMPETENT
CPAP	<input type="checkbox"/>	<input type="checkbox"/>	Safeguarding Awareness	<input type="checkbox"/>	<input type="checkbox"/>
BiPAP	<input type="checkbox"/>	<input type="checkbox"/>	Referral Process	<input type="checkbox"/>	<input type="checkbox"/>
Dinamap	<input type="checkbox"/>	<input type="checkbox"/>	Parental Consent	<input type="checkbox"/>	<input type="checkbox"/>

CARE OF VENTILATED PATIENT	NO EXPERIENCE	COMPETENT	Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Safety Checks	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Governance	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Equal Opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Observation	<input type="checkbox"/>	<input type="checkbox"/>	NMC Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Assist with Intubation	<input type="checkbox"/>	<input type="checkbox"/>	Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>
Extubation	<input type="checkbox"/>	<input type="checkbox"/>	COSHH	<input type="checkbox"/>	<input type="checkbox"/>
Mode of Ventilations	<input type="checkbox"/>	<input type="checkbox"/>	Child Protection Level 2	<input type="checkbox"/>	<input type="checkbox"/>
Titrating Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Child Protection Level 3	<input type="checkbox"/>	<input type="checkbox"/>
CPAP	<input type="checkbox"/>	<input type="checkbox"/>	DOCUMENTATION	NO EXPERIENCE	COMPETENT
Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	Observations	<input type="checkbox"/>	<input type="checkbox"/>
ETT Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	Care Pathways	<input type="checkbox"/>	<input type="checkbox"/>
Checking Alarm Settings	<input type="checkbox"/>	<input type="checkbox"/>	Assess and Update Care Plans	<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 areas would you be interested 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. HCA Questionnaire	/100
2. How did the candidate score in English 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 into 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:	