



# ZENTAR HEALTHCARE

Patient Care is Paramount

## RGN INTERVIEW QUESTIONNAIRE

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

### THIS ASSESSMENT CONSIST OF 4 PARTS:

|  |  |
|--|--|
| <b>1. RGN KNOWLEDGE BASED ASSESSMENT PAPER</b> | <b>3. SKILL CHECKLIST</b>                                  |
| <b>2. ENGLISH TEST</b>                         | <b>4. FACE-TO-FACE ASSESMENT WITH OUR CLINICAL MANAGER</b> |

## RGN NURSING 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. During the medication round you see that several of the drugs on the drug chart from previous shift have not been signed for. What would you do? (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:  |



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6. 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:

**CALCULATE THE FOLLOWING AND CHOOSE THE APPROPRIATE ANSWER BELOW:**

7. Calculate the rate of 1 litre of 5% Dextrose to infuse for 12 hours? (10 Marks)

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

8. A patient is prescribed 75mg of Tramadol Hydrochloride IM injection. The stock ampule comes in 50mg/ml. What volume will you require? (10 Marks)

- 3ml       1.25ml       2.5ml       4ml

9. Gentamycin 120mg is prescribed to be given IV. The drug comes in 80mg/2ml vial. How many ml would you need to administer? (10 Marks)

- 3ml       2.5ml       4ml       1ml

10. A patient normally takes 10mg of frusemide TDS. The pharmacy dispensed 20 mg tablets. How much would you need to give each dose? (10 Marks)

- 1 tablet       2 tablet       1 and a half tablet       ½ tablet

## 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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## RGN 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"/> | Aseptic Technique                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Neurological                      | <input type="checkbox"/> | <input type="checkbox"/> | ANTT                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Gastrointestinal                  | <input type="checkbox"/> | <input type="checkbox"/> | BM Monitoring                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychological                     | <input type="checkbox"/> | <input type="checkbox"/> | Venepuncture                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Dietary Requirements              | <input type="checkbox"/> | <input type="checkbox"/> | Cannulation                          | <input type="checkbox"/> | <input type="checkbox"/> |
| DOCUMENTATION                     | No Experience            | Competent                | Lumbar Puncture – set up             | <input type="checkbox"/> | <input type="checkbox"/> |
| Care Pathways – Paper             | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy/Seizure Management          | <input type="checkbox"/> | <input type="checkbox"/> |
| Care Pathways – Electronic        | <input type="checkbox"/> | <input type="checkbox"/> | Glue                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Prioritise Patient Care           | <input type="checkbox"/> | <input type="checkbox"/> | Staple                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Meet Deadlines                    | <input type="checkbox"/> | <input type="checkbox"/> | Plastering                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident Reporting                | <input type="checkbox"/> | <input type="checkbox"/> | Collar and Cuff                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication/Prescription Charts    | <input type="checkbox"/> | <input type="checkbox"/> | Neck Collars                         | <input type="checkbox"/> | <input type="checkbox"/> |
| DRUG ADMINISTRATION               | No Experience            | Competent                | Eye Washout                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Calculations                      | <input type="checkbox"/> | <input type="checkbox"/> | Dressings                            |                          |                          |
| Intra Venous - Bolus              | <input type="checkbox"/> | <input type="checkbox"/> | Drug Calculations                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Intra Venous - Infusion           | <input type="checkbox"/> | <input type="checkbox"/> | IV Drugs                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Intra Muscular                    | <input type="checkbox"/> | <input type="checkbox"/> | IV Infusions                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Sub-Cutaneous                     | <input type="checkbox"/> | <input type="checkbox"/> | IV Opiate Administration             | <input type="checkbox"/> | <input type="checkbox"/> |
| PR                                | <input type="checkbox"/> | <input type="checkbox"/> | Neurovascular Observations           | <input type="checkbox"/> | <input type="checkbox"/> |
| PV                                | <input type="checkbox"/> | <input type="checkbox"/> | Assisting with Trauma Cases          | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral                              | <input type="checkbox"/> | <input type="checkbox"/> | Complex Wound Care                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Anaphylaxis Treatment             | <input type="checkbox"/> | <input type="checkbox"/> | Pressure Ulcer Grading and Reporting | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   |                          |                          | Ability to Supervise                 | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   |                          |                          | Ability to Manage                    | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   |                          |                          | Safeguarding                         | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   |                          |                          | Conflict Resolution                  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   |                          |                          | Managing Anger and Aggression        | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   |                          |                          | Child Protection                     | <input type="checkbox"/> | <input type="checkbox"/> |



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## 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?  |
|   |
| 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?  |
|   |



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|  |
|--|
| 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. RGN 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 |

|                                |  |
|--------------------------------|--|
| <b>Candidate Signature:</b>    |  |
| <b>Interviewers Name:</b>      |  |
| <b>Interviewers Signature:</b> |  |
| <b>Date:</b>                   |  |