



## RMN 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:

1. RMN KNOWLEDGE BASED ASSESSMENT PAPER

3. SKILL CHECKLIST

2. ENGLISH TEST

4. FACE-TO-FACE ASSEMENT WITH OUR CLINICAL MANAGER

## RMN KNOWLEDGE BASED ASSESSMENT PAPER – PART 1

### CHOOSE THE CORRECT ANSWER:

1. To evaluate whether patient teaching for coping skills has been effective, the psychiatric and mental health nurse asks an adolescent patient to: (10 marks)

- consider the outcomes objectively     keep a written journal     perform a return demonstration

2. When developing a lecture series for nursing home residents, the psychiatric and mental health nurse considers which factor to be the primary barrier to learning? (10 marks)

- Decreased bodily functions     Information processing impairments.     Lack of interest.

3. In which circumstance is a breach of patient confidentiality appropriate? (10 marks)

- A supervisor inquires about the patient     The family inquires about the patient without his or her knowledge  
 The patient appears sincere in threatening to harm another person

### GIVE THE BEST ANSWERS TO THE SITUATIONAL QUESTIONALS BELOW:

4. After taking an antidepressant for about a week, a patient reports constipation and blurred vision, with no improvement in mood. The psychiatric and mental health nurse informs the patient: (15 marks)

Answer:

5. A patient is admitted to the inpatient unit with a diagnosis of schizophrenia. The patient has had episodes of school absenteeism, withdrawal from friends, and bizarre behavior, including talking to his or her "keeper." The psychiatric and mental health nurse's most appropriate response is to: (15 marks)

Answer:

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

6. A patient normally takes 10 mg of frusemide TDS. The pharmacy dispensed 20 mg tablet. How much would you need to give each dose? (15 marks)

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

7. A unit of blood (345) needs to be administered for 3 hours using a volumetric pump what is the correct rate? (10 marks)

- 110 ml/hr       105 ml/hr       115 ml/hr       345 ml/hr

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

- 2.5ml       2ml       10ml       1.5ml

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

- 2ml       5ml       3ml       4 ml

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

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

## 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.

Preskriptshion:

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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## RMN 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.

CLINICAL AWARENESS AND SPECIALIST KNOWLEDGE	NO EXPERIENCE	COMPETENT	SKILLS	NO EXPERIENCE	COMPETENT
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizure Management	<input type="checkbox"/>	<input type="checkbox"/>
Autistic Spectrum Disorder (inc Aspergers Syndrome)	<input type="checkbox"/>	<input type="checkbox"/>	Response to Critical Incidents	<input type="checkbox"/>	<input type="checkbox"/>
Bi-Polar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Physical Restraint Techniques	<input type="checkbox"/>	<input type="checkbox"/>
Suicide/Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	Supervising Junior Staff	<input type="checkbox"/>	<input type="checkbox"/>
Overdose	<input type="checkbox"/>	<input type="checkbox"/>	Delegate Tasks	<input type="checkbox"/>	<input type="checkbox"/>
Personality Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Ability to manage a Ward/Team	<input type="checkbox"/>	<input type="checkbox"/>
Psychotic Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Hazards	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>
Challenging Behaviours	<input type="checkbox"/>	<input type="checkbox"/>	Safeguarding	<input type="checkbox"/>	<input type="checkbox"/>
Elderly Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	DOLS	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection	<input type="checkbox"/>	<input type="checkbox"/>	HONOS PBR	<input type="checkbox"/>	<input type="checkbox"/>
Issues in Child/adolescent psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<b>DOCUMENTATION</b>	<b>NO EXPERIENCE</b>	<b>COMPETENT</b>
PICU	<input type="checkbox"/>	<input type="checkbox"/>	Observations and Care Pathways	<input type="checkbox"/>	<input type="checkbox"/>
Mother and Baby	<input type="checkbox"/>	<input type="checkbox"/>	Prioritize Care	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Meet Deadlines	<input type="checkbox"/>	<input type="checkbox"/>
Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Assess, plan and implement Care	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Referral Documentation	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	Incident Reports		
HMP's	<input type="checkbox"/>	<input type="checkbox"/>	<b>KNOWLEDGE/UNDERSTANDING</b>	<b>NO EXPERIENCE</b>	<b>COMPETENT</b>
Forensic Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Low/Medium Secure	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Governance	<input type="checkbox"/>	<input type="checkbox"/>
<b>DRUG ADMINISTRATION PRACTICE AND PROCEDURES</b>	<b>NO EXPERIENCE</b>	<b>COMPETENT</b>	Equal Opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Calculations	<input type="checkbox"/>	<input type="checkbox"/>	NMC Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Oral Administration	<input type="checkbox"/>	<input type="checkbox"/>	Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>
Methadone Clinics/Admin	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Act 1983	<input type="checkbox"/>	<input type="checkbox"/>
Clozapine Clinics/Admin	<input type="checkbox"/>	<input type="checkbox"/>	NHS Community Care Act 1990	<input type="checkbox"/>	<input type="checkbox"/>
Depot Injections	<input type="checkbox"/>	<input type="checkbox"/>	Child Protection	<input type="checkbox"/>	<input type="checkbox"/>
IM Injection	<input type="checkbox"/>	<input type="checkbox"/>	TMVA herapeutic anagement/PPI	<input type="checkbox"/>	<input type="checkbox"/>
SC Injection	<input type="checkbox"/>	<input type="checkbox"/>	Primary Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Specimen Collection	<input type="checkbox"/>	<input type="checkbox"/>	Multidisciplinary Teams	<input type="checkbox"/>	<input type="checkbox"/>
TPR & BP	<input type="checkbox"/>	<input type="checkbox"/>			
Wound and Skin Care	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
Nutritional Requirements	<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?
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?



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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. RMN 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>	