

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

## THEATRE KNOWLEDGE BASED ASSESSMENT PAPER – PART 1

### CHOOSE THE CORRECT ANSWER:

- |  |  |
|--|--|
| 1. Before the patient is put to sleep in the anaesthetic room, the anaesthetist confirms which of the following? (10 marks)  |  |
| <input type="checkbox"/> patient's identity <input type="checkbox"/> consent from <input type="checkbox"/> allergy status <input type="checkbox"/> all of the above <input type="checkbox"/> none of the above |  |
| 2. Skin prep involves cleaning the skin with an antiseptic solution such as iodine or chlorhexidine, which is applied and left on to dry. (5 marks)  | <input type="checkbox"/> True <input type="checkbox"/> False |
| 3. A scrub nurse must always maintain the sterile field. Things you can touch include the front of your gown above your waist, the prepped surgical field and the draped area. (5 marks)                       | <input type="checkbox"/> True <input type="checkbox"/> False |

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

4. After surgery your patient starts to shiver uncontrollably. What nursing intervention would you do FIRST? (15 marks)

Answer:

5. A patient is taking Aspirin 325 mg PO by mouth daily. The patient is scheduled for surgery in a week. What education do you provide the patient with before surgery? (15 marks)

Answer:

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

6. A unit of blood (345ml) needs to be administered for 3 hours using a volumetric pump. What is the correct rate? (10 marks)				
<input type="checkbox"/> 100ml/hr	<input type="checkbox"/> 105ml/hr	<input type="checkbox"/> 115ml/hr	<input type="checkbox"/> 345ml/hr	
7. How many milligrams of adrenaline are there in 1ml of a 1:1000 concentration. (10marks)				
<input type="checkbox"/> 10mg	<input type="checkbox"/> 2 mg	<input type="checkbox"/> 100mg	<input type="checkbox"/> 1mg	
8. 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)				
<input type="checkbox"/> 3ml	<input type="checkbox"/> 2ml	<input type="checkbox"/> 10ml	<input type="checkbox"/> 1.5ml	
9. A patient is prescribed 150mg of Pethidine. The stock is 60mg/2ml ampoule. What volume will you require? (10 marks)				
<input type="checkbox"/> 2ml	<input type="checkbox"/> 5ml	<input type="checkbox"/> 3ml	<input type="checkbox"/> 4ml	
10. Heparin is available as 4000 units/5ml. What volume is needed to give 20,000 units? (10marks)				
<input type="checkbox"/> 20ml	<input type="checkbox"/> 10ml	<input type="checkbox"/> 40ml	<input type="checkbox"/> 25ml	

## 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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## THEATRE 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.

STAFF - GENERAL COMPETENCIES	NO EXPERIENCE	COMPETENT	PATIENT MONITORING – ANAESTHETIC & RECOVERY STAFF	NO EXPERIENCE	COMPETENT
Adult Patients	<input type="checkbox"/>	<input type="checkbox"/>	Pulse Oximeter	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Patients	<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Adult CPR	<input type="checkbox"/>	<input type="checkbox"/>	Respirations	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric CPR	<input type="checkbox"/>	<input type="checkbox"/>	O <sub>2</sub> Therapy	<input type="checkbox"/>	<input type="checkbox"/>
H & S including:	<input type="checkbox"/>	<input type="checkbox"/>	Airway Management	<input type="checkbox"/>	<input type="checkbox"/>
• Moving & handling	<input type="checkbox"/>	<input type="checkbox"/>	Pain Management	<input type="checkbox"/>	<input type="checkbox"/>
• Principles of fire safety	<input type="checkbox"/>	<input type="checkbox"/>	Equipment system checks	<input type="checkbox"/>	<input type="checkbox"/>
• RIDDOR	<input type="checkbox"/>	<input type="checkbox"/>	Care of the unconscious patient	<input type="checkbox"/>	<input type="checkbox"/>
• Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	ET tube management	<input type="checkbox"/>	<input type="checkbox"/>
• Caldicott Principles	<input type="checkbox"/>	<input type="checkbox"/>	Laryngeal masks	<input type="checkbox"/>	<input type="checkbox"/>
• Needlestick Injury Policy	<input type="checkbox"/>	<input type="checkbox"/>	Insertion of oral airway	<input type="checkbox"/>	<input type="checkbox"/>
• Incident Reporting	<input type="checkbox"/>	<input type="checkbox"/>	Rapid Induction techniques	<input type="checkbox"/>	<input type="checkbox"/>
• Near Miss Reporting	<input type="checkbox"/>	<input type="checkbox"/>	Difficult intubation techniques	<input type="checkbox"/>	<input type="checkbox"/>
• WHO Checklist	<input type="checkbox"/>	<input type="checkbox"/>	Use of flexible Laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>
• Theatre and equipment	<input type="checkbox"/>	<input type="checkbox"/>	Extubation	<input type="checkbox"/>	<input type="checkbox"/>
• safety checks	<input type="checkbox"/>	<input type="checkbox"/>	PCA's	<input type="checkbox"/>	<input type="checkbox"/>
<b>STAFF-SPECIMENS</b>	<b>NO EXPERIENCE</b>	<b>COMPETENT</b>	Pain Management & Scoring	<input type="checkbox"/>	<input type="checkbox"/>
Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	Syringe Drivers	<input type="checkbox"/>	<input type="checkbox"/>
Histology	<input type="checkbox"/>	<input type="checkbox"/>	Epidurals	<input type="checkbox"/>	<input type="checkbox"/>
Care of specimens	<input type="checkbox"/>	<input type="checkbox"/>	Spinals	<input type="checkbox"/>	<input type="checkbox"/>
<b>SCRUB STAFF</b>	<b>NO EXPERIENCE</b>	<b>COMPETENT</b>	Local Anaesthesia principles	<input type="checkbox"/>	<input type="checkbox"/>
Scrub, gown & glove technique	<input type="checkbox"/>	<input type="checkbox"/>	Patient warming	<input type="checkbox"/>	<input type="checkbox"/>
Closed glove donning	<input type="checkbox"/>	<input type="checkbox"/>	Patient cooling	<input type="checkbox"/>	<input type="checkbox"/>
Decontamination techniques	<input type="checkbox"/>	<input type="checkbox"/>	Defibrillator checks	<input type="checkbox"/>	<input type="checkbox"/>
Prepare theatre equipment/trays	<input type="checkbox"/>	<input type="checkbox"/>	Use of Tourniquet's	<input type="checkbox"/>	<input type="checkbox"/>
Transfer equipment to TSSU/CSSD	<input type="checkbox"/>	<input type="checkbox"/>			
Tracking & Traceability	<input type="checkbox"/>	<input type="checkbox"/>			
Pre, peri & post operative checks	<input type="checkbox"/>	<input type="checkbox"/>			
Laminar Flow	<input type="checkbox"/>	<input type="checkbox"/>			

**Specialties:** Please tick the appropriate box to indicate your level of knowledge and competencies in each specialty.

A: COMPETENT	B: NO EXPERIENCE	ANAESTHETICS		SCRUB		RECOVERY	
BARIATIC		A	B	A	B	A	B
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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A: COMPETENT	B: NO EXPERIENCE	ANAESTHETICS		SCRUB		RECOVERY	
CARIDO-THORACIC		A	B	A	B	A	B
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLORECTAL							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAR, NOSE & THROAT							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GYNAECOLOGY							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEPATIC							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAXILLO FACIAL							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transphenoidal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSTETRIC							
Caesarian Section		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Abdominal Hysterectomy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPHTHALMIC							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORTHOPAEDIC							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthroscopic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORTHOPAEDIC TRAUMA							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLASTIC							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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A: COMPETENT	B: NO EXPERIENCE	ANAESTHETICS		SCRUB		RECOVERY	
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TRANSPLANTATION</b>							
Renal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic							
<b>UROLOGY</b>							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VASCULAR</b>							
Minor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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 would you prefer to do agency work in?

INTERVIEW OBSERVATIONS	
1. Theatre 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>	