

## Psychiatric RN Interview

Name: \_\_\_\_\_

Date: \_\_\_\_\_

This tool will assist us to identify nursing opportunities that match your skills and nursing experience.

Please indicate your level of experience:

**A: No theory or clinical**

**B: Theory only, no experience**

**C: Less than 1 year's experience**

**D: 1– 2 years experience**

**E: >2 years experience**

### A. PSYCHIATRIC

1. Assessment
  - a. Admission A  B  C  D  E
  - b. Initial nursing assessment & care plan A  B  C  D  E
  - c. Initial treatment plan A  B  C  D  E
  - d. Neurological vital signs A  B  C  D  E
  - e. Nursing diagnoses A  B  C  D  E
  - f. Suicide risk assessment A  B  C  D  E
2. Equipment & Procedures
  - a. Active participation in multi-disciplinary staffing A  B  C  D  E
  - b. Assist physician in administration of ECT A  B  C  D  E
  - c. Assist with lumbar puncture A  B  C  D  E
  - d. CPR A  B  C  D  E
  - e. Charge nurse experience A  B  C  D  E
  - f. Charting
    - (1) Behaviouristic A  B  C  D  E
    - (2) Treatment/goal orientated A  B  C  D  E
  - g. Discharge planning A  B  C  D  E
  - h. Group therapy leader A  B  C  D  E
  - i. Insertion & care of straight & Foley catheter
    - (1) Female A  B  C  D  E
    - (2) Male A  B  C  D  E
  - j. Management of drug/alcohol detox symptoms A  B  C  D  E
  - k. Management of assaultive behaviour A  B  C  D  E
  - l. Multi-disciplinary treatment team participation A  B  C  D  E
  - m. O<sub>2</sub> Therapy: A  B  C  D  E

- (1) Bag and mask A  B  C  D  E
- (2) External CPAP A  B  C  D  E
- (3) Face masks A  B  C  D  E
- (4) Inhalers A  B  C  D  E
- (5) Nasal cannula A  B  C  D  E
- (6) Portable O<sub>2</sub> tank A  B  C  D  E
- (7) Trach collar A  B  C  D  E
- n. Ora-naso-pharynx suctioning A  B  C  D  E
- o. Participation in milieu therapy A  B  C  D  E
- p. Patient teaching A  B  C  D  E
- q. Psychiatric emergency response team A  B  C  D  E
- r. Psychiatric home health A  B  C  D  E
- s. Rapid tranquilization A  B  C  D  E
- t. Restraints (application & assessment of):
  - (1) Ambulatory cuffs A  B  C  D  E
  - (2) Full restraints A  B  C  D  E
  - (3) Wrist restraints A  B  C  D  E
- u. Telephonic crisis intervention A  B  C  D  E
- v. Therapeutic communication skills A  B  C  D  E
- w. Tube feeding A  B  C  D  E
- 3. Care of the patient with:
  - a. Alcohol dependency A  B  C  D  E
  - b. Drug dependency A  B  C  D  E
  - c. Electroconvulsive Therapy (ECT) A  B  C  D  E
  - d. Hallucinations A  B  C  D  E
  - e. Manic behaviour A  B  C  D  E
  - f. Med-psych patient A  B  C  D  E
  - g. Organic disorder A  B  C  D  E
  - h. Partial hospital/intensive outpatient program A  B  C  D  E
  - i. Seclusion & restraints A  B  C  D  E
  - j. Seizure disorder A  B  C  D  E
  - k. Suicidal behaviour A  B  C  D  E
  - l. Tracheostomy A  B  C  D  E
- 4. Medications:
  - a. Administration of oral psychotropic medications A  B  C  D  E
  - b. Heparin A  B  C  D  E
  - c. Intramuscular A  B  C  D  E
  - d. Management of extrapyramidal symptoms (EPS) A  B  C  D  E
  - e. Oral A  B  C  D  E
  - f. Rectal A  B  C  D  E
  - g. Subcutaneous A  B  C  D  E
  - h. Unit dose A  B  C  D  E

i. Z-technique

A  B  C  D  E

**B. PHLEBOTOMY/IV THERAPY**

1. Equipment & Procedures

a. Administration of blood/blood products

(1) Packed red blood cells

A  B  C  D  E

(2) Whole blood

A  B  C  D  E

b. Drawing blood from central line

A  B  C  D  E

c. Drawing venous blood

A  B  C  D  E

d. Management of patient with hyperalimentionation

A  B  C  D  E

e. Management of patient with IV

A  B  C  D  E

f. Starting IVs

(1) Angiocath

A  B  C  D  E

(2) Butterfly

A  B  C  D  E

(3) Heparin lock

A  B  C  D  E

**AGE SPECIFIC PRACTISE CRITERIA**

Please indicate which age group(s) you have expertise in providing age-appropriate nursing care:

**A: School-age children (5 – 12 years)**

**B: Adolescents (12 – 18 years)**

**C: Young Adults (18 – 39)**

**D: Middle Adults (39 – 64 years)**

**E: Older Adults (64+)**

Able to adapt care to incorporate normal growth & development

A  B  C  D  E

Able to adapt method & terminology of patient instructions to their age, comprehension & maturity level.

A  B  C  D  E

Can ensure a safe environment reflecting specific needs of various age groups.

A  B  C  D  E

**My experience is primarily in:** (please indicate number of years)

Adolescent \_\_\_\_\_ year(s)

Chemical dependency \_\_\_\_\_ year(s)

Adult \_\_\_\_\_ year(s)

ER/Crisis \_\_\_\_\_ year(s)

Number of Hospital Beds: \_\_\_\_\_

Number of beds in unit: \_\_\_\_\_

Patient Acuity: \_\_\_\_\_

**CERTIFICATION**

**M/D/YR**

BCLS expiry date: \_\_\_\_\_

MAB expiry date: \_\_\_\_\_

Other: \_\_\_\_\_



The information I have given is true and accurate, to the best of my knowledge I hereby authorize Health Match BC to release this Critical Care Skills Checklist to accompany my resume for the sole purpose of consideration for employment.

AGREE

DISAGREE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

