

# **Interview Preparation Guide**



# Hi and congratulations on being offered an interview!

You've done so well to get an interview with a hospital. So that you stand the best chance of being offered a job, we've compiled an interview preparation pack. Filled with essential information, we have aimed to cover all types of questions used in interviews. Please take the time to decide which parts are relevant to you in the days before your interview so that you feel prepared, confident and armed with the information you need to succeed.

As always, if you have any concerns, please speak to your dedicated Recruitment Advisor. Remember – we have years of experience helping Nurses pass interviews so if you have any questions, or are unsure about anything, don't hesitate to ask as I'm sure we will have come across your query before.

I wish you the best of luck at your interview.

**Trushar Patel**

Head of Permanent and International Recruitment  
**ID Medical Group Limited**

# Preparation

Go through the person specification, or job description, if there is one.

Underline all the statements that indicate the skills, experience and personal attributes required for the role.

Look back on your career to date and list examples that illustrate that you meet the requirements for the post. Be prepared to expand on information given on your application form or CV.

Look at the list of common interview questions in this pack. Practise responding to these questions, by arranging a mock interview with a friend, relative or senior colleague. Ask for constructive feedback and arrange to practise again if necessary.

Prepare some questions to which you would like answers.

Get a good night's sleep before the interview.

Make sure you have time to prepare on the day, allowing time for breakfast, getting ready and having a final mental rehearsal.

What relaxation techniques will help you focus?

## Researching information, Nursing skills & 6 Cs

### NHS - Value Based Recruitment (VBR)

NHS Employers are working on Value Based Recruitment (VBR) following the Francis inquiry.

When preparing for your interview, it would be helpful to familiarise yourself with how your values and behaviours fit with the NHS organisational values. Values are beliefs about what is important. Employers are seeking recruits who can demonstrate values such as wanting to treat people with respect, kindness, compassion and dignity, as well as being passionate about quality.

These values may be assessed in role play, written responses, to scenarios or verbally.

Further information can be found at: <http://www.nhscareers.nhs.uk/features/2014/june/>

If you need to research information on relevant topics, you can download articles from the RCN's E-Library, which lists over 400 journals. They also offer a service called Frequently Asked Selected Topics (FAST), which is a list of frequently asked topics, with details of recent information references. Common topics include change management, benchmarking, dignity and nutrition. Further information is available at [www.rcn.org.uk](http://www.rcn.org.uk).

It's important to visit the hospital's website to familiarise yourself with the services, size and patient demographic.

## Skills required

As a Nurse you're a listener, a manager, and a knowledgeable skilled professional. Here are some of the key skills you will need to pursue a career in Nursing:

### Excellent people skills

You will be providing care for people of all ages and backgrounds. You should be able to put people at ease, gain their confidence and deal sympathetically with their problems and fears.

### Good communication and observation

Communication and observation are crucial to good Nursing. You need to be good at listening and talking, as well as constantly alert to changes in patients' conditions - and any implications that arise in terms of care.

### Ability to answer questions and offer advice

Nurses are the most frequent point of contact for patients, so you must be able to answer their questions, share your knowledge and skills with patients, their families and friends, and make sure their needs are recognised by the rest of the care team.

### Happy to work as part of a team

As a Nurse, you will be part of a multidisciplinary team that includes Doctors, Physiotherapists, Anaesthetists, Pharmacists, Dietitians and many more. And you need to know how all these different people work together.

### Dealing with emotionally charged situations

Nursing can sometimes involve managing distress. You'll play a key part in helping patients and families come through their crises.

### Values and behaviours

You'll also need to have the right values and behaviours to become a Nurse.

These are defined by the 6C's:

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

### Care

Care defines Nurses and their work. People receiving care expect it to be consistently right for them throughout every stage of their life.

### Compassion

As a central component to how people perceive their care, compassion can be described as 'how care is delivered through relationships'. At its core, compassion encompasses empathy, respect, dignity and intelligent kindness.

### Competence

Competence means Nurses must be able to understand an individual's health and social needs. Their expertise, clinical and technical knowledge for delivering care and treatment must be based on research and evidence.

### Communication

Communication is central to successful caring relationships and team working. Listening is as important as what Nurse's say and do - and critical when it comes to making decisions about a patient.

## **Courage**

Courage enables Nurses to do the right thing for the people they care for. It means speaking up when there are concerns and having the personal strength and vision to innovate and embrace new ways of working.

## **Commitment**

A commitment to patients and the public is essential to the working life of a Nurse.

# **Dealing with interview nerves**

Whether you're going for your first or thirty-first interview, nerves are something that affect us all. Your interviewers will understand this, but there are ways to lessen the symptoms and help ensure that you are able to give your best.

## **The night before**

Be sure that you know the time of the interview and you have given yourself plenty of time to get your equipment set up and tested.

Lay out your chosen interview outfit so it is ready for you in the morning.

Try to take some time before bed to unwind and ensure you get an early night.

## **The morning of the interview**

Try to eat some breakfast! This will help to settle your nerves. You may wish to have one last look at literature relating to your interview, but don't try to cram - you have prepared already.

Employ logic to beat nervous thoughts; any interview question should be treated exactly as you would treat a job situation, because that's exactly what the question represents.

- The same issues are involved in an interview as on the job
- You're doing the interview because you know your job, and because you have the skills and experience required

# **Clinical Scenarios and Care Plans**

Take the time to look at the scenarios listed below as they are similar to those given during real interviews. You can also practice making care plans for the problems presented in these scenarios.

This is just presentation material; it is not mandatory to complete it. However, we recommend taking the time to work through it as we consider self-training for your interview as essential - and by doing so, you're giving yourself a better chance of performing successfully.

## Scenario 1

A 67-year-old male is admitted to your ward from A & E feeling short of breath and has a low haemoglobin. There are no other evident problems and there are no other past medical history problems either.

Upon assessment, the Doctor prescribes 3 units of blood to be transfused.

**PROBLEM:** Patient has a low haemoglobin leading to shortness of breath.

**GOAL:** To increase the haemoglobin to within satisfactory parameters and therefore elevate shortness of breath and ensure patient comfort at all times.

### INTERVENTIONS

- Nurse moves patient to an upright position to aid breathing
- Ensure you explain all procedures to the patient and gain consent
- Allow the patient time to ask questions and relieve their anxieties
- Ensure patient has the Nurse call bell close to hand and is shown how to use it
- Monitor clinical observations 4 hourly or as condition dictates
- Administer oxygen as prescribed by the Doctor / if seen necessary, to maintain patient comfort and to keep Sp2o2 (oxygen) levels at an acceptable level
- Obtain blood samples as requested by the Doctor
- Monitor results - especially hb
- Report any concern to the Doctor
- Transfuse blood as prescribed, and as per hospital policy
- Ensure consent is obtained for any procedures, including blood transfusion, and that the patient is aware of possible side effects
- Care for peripheral cannula as per hospital policy

## Scenario 2

A 76-year-old female with colorectal cancer on active treatment and 4 days post chemotherapy has been admitted to your ward from A & E. She has an ileostomy in place. The lady has been suffering from nausea and vomiting for the last 3 days and has been unable to keep food and fluid down. She is dehydrated. The Doctor assessed her and has prescribed IV antiemetics and IV fluids. No other past medical history. She lives in a residential home but is independent with regards to the routine activities of daily living (with the exception of needing assistance with her ileostomy).

**PROBLEM:** Patient has severe nausea and vomiting.

**GOAL:** To alleviate symptoms of nausea and vomiting, which will enable the patient to eat and drink normally.

### NURSING INTERVENTIONS

- Explain the Nurse call bell system to the patient and advise her to use it when nausea increases or she is vomiting
- Ensure patient has emesis bowls and tissues to hand
- Administer IV anti-emetics (particularly before mealtimes) as prescribed, to alleviate symptoms. Ensure it is changed to oral as soon as the patient is able to tolerate them
- Evaluate effectiveness of medications administered
- Commence on a strict input and output chart - documenting episodes of vomiting
- Offer a choice of food and drinks and encourage oral intake
- Report concerns to the Doctor
- Ensure patient comfort at all times
- Obtain consent for all procedures
- Allow time for answering questions and alleviating anxieties

**PROBLEM:** Dehydration.

**GOAL:** To increase oral intake and correct blood levels.

### NURSING INTERVENTIONS

- Administer IV fluids as prescribed by the Doctor
- Care for the peripheral cannula as per hospital policy
- Maintain fluid balance chart
- Obtain blood samples as requested by the Doctor and monitor results
- Report concerns to the Doctor
- Encourage oral intake
- Monitor condition of mouth and treat as necessary

**PROBLEM:** Patient has colorectal ca and has an ileostomy with which she needs assistance.

**GOAL:** To assist patient with ileostomy care and maintain good skin integrity and patient comfort. Promote independence.

### NURSING INTERVENTIONS

- Advise the patient to use the Nurse call bell when the ileostomy needs changing/emptying
- Assist with ileostomy care
- Monitor skin condition
- Refer to colorectal Nurse if deemed necessary to ensure patient's dignity is kept at all times
- Educate the patient in self-caring for the ileostomy

### Scenario 3

A 96-year-old female is admitted to your ward from A & E with profuse diarrhoea and is dehydrated. She lives in a nursing home and several other patients in the home also have diarrhoea. She is completely dependent and bed bound. She also has a past medical history of MRSA (Methicillin resistant staphylococcus aureus) for which a routine surveillance swab sweep has to be obtained. The Doctor has prescribed IV fluids and has requested samples of the faeces be obtained and sent for O & S (organism and sensitivity) and CDIF (clostridium difficile).

**PROBLEM:** The patient is dehydrated.

**GOAL:** Achieve optimum hydration for patient.

#### NURSING INTERVENTIONS

- Gain consent for every procedure
- Administer IV fluids as prescribed by the Doctor
- Care for the peripheral cannula as per hospital policy
- Maintain fluid balance chart
- Obtain blood samples as requested by the Doctor and monitor results
- Report concerns to the Doctor
- Assist with oral intake of fluid on a 4 hourly basis or as patient will tolerate
- Monitor condition of mouth and ensure it is kept clean and moist

**PROBLEM:** Diarrhoea.

**GOAL:** To alleviate symptoms and ensure patient comfort at all times.

#### NURSING INTERVENTIONS

- Commence on a stool chart to monitor episodes, amount, consistency and colour
- Obtain a sample of faeces and send to the laboratory for testing (O+S and C DIF if deemed necessary)
- Nurse in a side room and use barrier Nursing precautions until all results are back
- Advise the Infection Control Team of the patient's status
- Ensure patient has the Nurse call bell to hand and understands how to use it
- Ensure patient's skin is checked at regular intervals
- Cleanse with appropriate creams
- Order a specialist mattress for bed bound patient
- Complete pressure ulcer risk tool within first 4 hours of admission
- Ensure dignity is maintained at all times

Ensure barrier Nursing protocols are followed in case of C dif or MRSA, i.e.: gloves, aprons, visitor info



**PROBLEM:** Patient cannot attend to her own personal hygiene needs.

**GOAL:** To ensure personal hygiene needs are kept to a high standard and skin integrity is maintained.

**NURSING INTERVENTIONS**

- Attend to patient's washing and dressing needs daily
- Ensure 4 hourly incontinence check or as necessary
- Ensure appropriate mouth care is carried out in the morning and post meals
- Commence on a re-positioning chart to help maintain good skin
- Monitor pressure areas and maintain pressure ulcer risk chart as dictated by hospital
- Maintain patient's dignity at all times

**PROBLEM:** Patient is unable to eat and drink independently.

**GOAL:** To ensure nutritional intake is of an adequate level.

**NURSING INTERVENTIONS**

- Ensure patient is in an appropriate position before assisting
- Assist patient at all mealtimes and for snacks
- Offer food patient likes
- Maintain patient's dignity at all times and allow plenty of time for assisting
- Commence on a food intake chart
- Monitor intake and patient's weight/BMI
- Report concerns to the Doctor
- Refer to the dietitian if deemed necessary
- Ensure malnutrition screening tool is used and updated regularly (as per hospital policy)

***\*\*These answers are not conclusive or perfect; you can use them as a guide and expand or remove what you feel appropriate.***

## Scenario 4

Martha is an 89-year-old lady who has been admitted with congestive cardiac failure following a fall. She has a history of dementia and lives with her elderly husband. Her falls risk assessment dictates that she must have a care plan completed – please detail the care plan problem and Nursing interventions necessary to reduce her risk of falls.

### **Important scenarios to read and know:**

If a patient complains of feeling sick, dizzy and unwell, what would you do?

If a patient's blood pressure was very low, what would you do?

If the patient's blood sugar was very low, what would you do?

When a patient returns from a surgical procedure/operation, what is the Nurse's role? What checks would you make when looking for bleeding?

Have you administered oral/intravenous medications? How do you administer medications safely?

A relative is unhappy about the care the ward is giving and come to you to discuss their concerns. Can you discuss how you would manage this situation?

You are caring for a patient who becomes ill and you need a Doctor to see the patient immediately. Can you describe how would you communicate your concerns by phone to ensure the Doctor responds appropriately?

Can you talk about the importance of managing your time while working in a clinical environment/ward?

Below are some examples of the types of questions that may be asked and the suggested answers of which I am sure you can expand upon. In any answer, please be sure to state the most obvious things and do not just assume that the interviewers know what you mean; unless you say it, you will not get a mark for it. For example, stating that you will wear gloves and aprons when tending to a patient's personal hygiene needs is necessary and not to be assumed as given, or stating when an incident happens that you will document everything is also essential. We all know that we will do these things and that they are obvious, but unless stated in an interview, your interviewer cannot score you for it.

**You must try to give as much detail as possible and answer the questions step by step as if you were at work, in that situation.**

### **EXAMPLE QUESTIONS AND ANSWERS:**

- Please give a brief run through your career history to date and what brings you to being here today? What is your motivation to come and work as a Nurse in the UK?
- What skills do you have that you feel contributes to an efficient Nursing team?
- What do you feel are your strengths (qualities)?
- What would you consider to be your limitations (weakness)?
- What is your understanding of the responsibilities of the Registered Nurse?
- What area of Nursing interests you the most?
- Should it be reported, or you see, any concerning behaviours by a member of staff or relative towards a patient, what would you do?
- What would you consider to be inappropriate behaviour?
- You are doing the medication and notice a dose for the previous round has not been signed for. What steps would you then take?
- A patient admitted for depression approached you the next morning; they are very anxious and want to leave the hospital. What would you do?

- You are working on an acute ward and suspect that some in-patients are using substances. What would you do?
- If successful, what anxieties do you have about working in the UK?
- You are working on an acute ward and suspect that some in-patients are using substances. What would you do?
- If successful, what anxieties do you have about working in the UK?

**IF YOU RECEIVE A COMPLAINT FROM A PATIENT OR RELATIVE, WHAT WILL YOU DO?**

- Talk to the patient/family about the situation and assess if you can deal with the complaint yourself
- Do this in a private environment and listen without interrupting; be aware of their body language and try to resolve the complaint at this stage
- If necessary, involve the Nurse in charge
- Be familiar with the complaints procedure and adhere to the policy. Inform the patient/relative of the procedure and give them a complaint information form
- If this is a Nursing care complaint, it should be discussed at meetings and action must be taken to ensure it does not happen again and that care is carried out based on evidence-based practice. Training and staff education should be considered if necessary
- Ensure that it is documented in the patient's notes and complete an incident form as necessary

**HOW CAN YOU REDUCE THE RISK OF COMPLAINTS?**

- Use of good communication skills and documentation
- Provide a good quality service
- Developing good relationships with patients and family
- Set high standards; act in a way you would like for you and your family

**THE WARD YOU ARE WORKING ON HAS FAILED ITS INFECTION PREVENTION AUDIT. WHAT WOULD YOUR ROLE BE IN ENSURING THAT IT DID NOT FAIL AGAIN? HOW WOULD YOU GET STAFF SUPPORT?**

- Find out why it failed
- Ensure all staff are made aware of this through staff meetings (domestics, catering, multidisciplinary, Healthcare Assistants and Nurses) so we can all do our bit to improve standards. This is a potentially serious situation.
- Improve my own personal Infection and Prevention procedures, where possible
- Carry out mini audits to ensure standards are improving
- Involve all staff in the next steps to improve standards, have staff meetings to get ideas on how we will improve our Infection Prevention. Involving staff in mini audits, discussing the seriousness of lack of Infection Prevention
- Publish mini audit results for all staff to see

**HOW WOULD YOU DEAL WITH A PATIENT WHO HAS MRSA OR CDIF (infection control)?**

- Barrier Nursing at all times
- Nurse in a side room
- Ensure all staff that may enter the patient's room is aware of infection status
- Follow policy instructions for prevention of spreading infection

- Ensure use of equipment to prevent the spread of infection i.e. gowns, gloves, infected linen skips, patient's own clinical observation equipment etc.
- Ensure the infection control team is aware of patient's infection status
- Ensure the patient is receiving the eradication therapy as per the hospital the Doctor prescribes infection policy
- Use of appropriate hand washing technique and appropriate decontamination substance e.g. when a patient has CDIF, alcohol gel is not seen to be effective and soap must be used
- Ensure patient and family are aware of infection status and what that means to them e.g. hand washing for those with CDIF or alcohol gel may be used for those with MRSA
- Provide patient/family with an information leaflet on infection
- Ensure a proper deep clean of the patient's room is carried out after discharge

### **HOW WOULD YOU DEAL WITH CONFLICT IN THE WORKPLACE?**

- Speak to the person/person's concerned individually in a private area
- Allow each to discuss the issue with you and be non-judgmental
- Be aware of own body language when dealing with complaints
- Invite the persons concerned to speak with each other in a private area to discuss and iron out problems. If the problem cannot be resolved, inform the Nurse in charge as conflict not managed appropriately will result in ineffective teamwork (which is therefore detrimental to patient care)
- The manager may need to be informed and further action taken, which could lead to a disciplinary or further training
- Conflict when managed properly can lead to improved patient care highlighting new practices and ideas

### **YOU ARRIVE ON SHIFT TO FIND YOU ARE THE ONLY QUALIFIED NURSE WITH 1 HCA (HEALTHCARE ASSISTANT) AND 24 PATIENTS TO CARE FOR... HOW WILL YOU DEAL WITH THIS SITUATION?**

- If there is a policy in place for this type of situation, I would follow the procedure laid out
- I would contact the person in charge of the wards for help, such as getting staff from other wards etc. until we can either access bank staff / hire more staff
- My main concern is for my patients and their immediate necessary care; I would prioritise the care necessary until help from other resources is obtained
  - i.e. patients receiving their medications is essential and those who are incontinent or dependent on Nursing care must also be seen as essential

### **HOW WOULD YOU ENSURE YOUR DOCUMENTATION MEETS THE NMC STANDARDS FOR RECORD KEEPING?**

- You must keep clear and accurate records of the discussions you have, the assessments you make, the treatment and medicines you give, and how effective these have been
- You must complete records as soon as possible after an event has occurred
- You must not tamper with original records in any way
- You must ensure any entries you make in someone's paper records are clearly and legibly signed, dated and timed
- You must ensure any entries you make in someone's electronic records are clearly attributable to you
- You must ensure all records are kept securely

- Please see the NMC The code: Standards of conduct, performance and ethics for Nurses and Midwives. This will provide you with details of what is legally and ethically expected from you as a Nurse within the UK. It is easy reading, short and precise:  
<http://www.nmcuk.org/Documents/Standards/ThecodeA420100406.pdf>

### **WHY IS ACCURATE RECORD KEEPING SO IMPORTANT?**

- It forms a base for planning patient care and assessing progress
- It assists communication with the multidisciplinary team members
- It provides written evidence that therefore meets legal requirements. 'If it's not written down it didn't happen'

### **YOU ARE TAKING UP A POST IN A NEW AREA, WHAT DO YOU THINK SHOULD BE INCLUDED IN THE INDUCTION?**

- Introduced to your preceptor
- Uniform policy if different
- Provided with an induction programme and a competency-based skills booklet specific to the specialty
- Catering facilities/rest rooms
- Orientation to the layout of the unit to include fire exits/crash trolleys
- Procedure guidelines/policy manuals/off duty/sickness policy/annual leave
- Introduced to personnel in the unit i.e. departments and multidisciplinary team members
- Telephone system/bleep etc.
- Documentation

### **HOW WOULD YOU ENSURE STAFF DEVELOPS PROFESSIONALLY?**

- Identify and facilitate training needs
- Ensure compulsory training is kept up to date
- Fairness in allocation with study leave/training courses
- Have regular ward meetings and keep a ward communication book to advise staff of updates (etc.) to be read

### **YOU ARE ASKED TO UNDERTAKE A TASK/DUTY YOU ARE NOT FAMILIAR WITH WHAT WILL YOU DO?**

- Explain to the person allocating the duty that you are not competent and that you will not undertake the task until you have received training and feel confident to do so in the interest of patient safety, and by doing so, you are adhering to the NMC code of professional conduct
- Ask to observe the procedure and when confident, undertake the task with supervision provided by a preceptor
- If the person insists you undertake the duty, refuse regardless of rank and speak to your line manager

## **HOW WOULD YOU RECOGNISE POOR STANDARDS IN THE CLINICAL AREA?**

- Patient/relative complaints
- Dirty, untidy environment
- Stores not kept up to date
- Increase in infection rates
- Poor staff morale
- Increase in sickness and absenteeism
- Signs and symptoms of stress evident in staff
- Lack of motivation/lethargy
- Poor standard of patient care delivered
- Poor record keeping/communication
- Poor audit outcomes

## **IF YOU WERE A PATIENT IN HOSPITAL WHAT WOULD QUALITY CARE FEEL LIKE TO YOU?**

- When Nurses take the time to speak to me, (polite, smiling, clean and presentable, compassionate and make me feel if only for a minute that I am the only one they have to care for). When they have time and are not always rushing on to the next job
- The ward is exceptionally clean (clean bedding, floors, toilets etc.)
- The food is warm and nutritious and I have a choice, fresh water regularly
- The aim is to improve my health and get me home asap as I do not wish to stay in hospital
- I am seen ASAP by all members of the multi-disciplinary team necessary, thus not delaying my stay in hospital
- I am seen as a person and treated with respect and dignity at all times

## **IF YOU CAME UPON A PATIENT WHO HAD FALLEN IN THE CLINICAL AREA WHAT WOULD YOU DO?**

- Call for help
- Assess the environment/area for hazards or danger and remove to make the area safe
- Assess the patient's injuries and reassure the patient. Ensure the patient is safe. Can the patient mobilise? Is it advisable for the patient to try to mobilise? They may only be moved if there is no sign of neck or spinal injury or limb fracture. It may be safer to make the patient comfortable where they are and keep them warm until a Doctor comes
- If deemed safe to move the patient, do you need to give analgesia prior, need the use of a hoist etc.
- Check clinical observations (temp, pulse, bp, spo2, resp)
- Help patient to somewhere comfortable, i.e. chair or bed
- Discuss with patient/witnesses how this happened, what led to this, how they felt just prior to it?
- Ensure Nurse call bell is to hand for future mobilising
- Document incident in the patient's notes and complete an incident form, ensuring that all details are accurate and entered on the form i.e. time, place, obstructions and ensure all incident forms are completed by the Doctor
- Care for the patient as per the Doctor's instructions i.e. hourly observation, analgesia etc.
- Ensure Nursing care plans are updated and falls assessments too
- Ensure other Nursing staff are aware of incident
- Inform patient's relatives if patient consents as soon as possible after the incident occurs.
- Reflect on it? How to avoid this again

## **HOW WOULD YOU DEAL WITH A PATIENT WHO WAS UPSET AND WORRIED ABOUT CATCHING A HOSPITAL ACQUIRED INFECTION?**

- Take the time to sit down and discuss this with them and try to reduce their anxieties
- Ask why they are worrying about this, is it something you can rationalise to them
- Advise them of your ward's high standards of care and the Infection Control procedures in place to help prevent such things happening
- Move patient to a side room if they are very anxious if possible
- Advise the patient it is their right to ask all people who come to them to wash their hands before touching them
- Advise all staff of this patient's concerns and document them

## **YOU HAVE ADMINISTERED THE INCORRECT DRUG/WRONG DOSAGE WHAT WILL YOU DO?**

- Check the patient's clinical observations
- Inform the Doctor immediately
- Inform the Nurse in charge
- Check the patient's medical history and allergy status
- Check the drug side effects and interactions with other medications. Inform the patient of the mistake and reassure. if they wish to make a complaint deal with as per complaints policy
- Document in patient's notes precisely what happened
- Ensure you monitor patient's condition and clinical observations regularly until the Doctor is happy with their condition and possible side effects of drug not occurring
- Complete an incident form
- Inform other members of staff
- Critical incident analysis is necessary; reflect on the incident and where and why it happened
- Although we have a no blame culture, under the code of professional conduct staff are accountable for their own actions

## **A PATIENT UNDER YOUR CARE IS A FAMILY MEMBER/FRIEND, HOW DO YOU ENSURE CONFIDENTIALITY FOR THIS PERSON?**

- Trust, honesty and reassurance
- No idle talk
- Data protection
- Safe storage of notes
- Refer queries to other staff
- Remember your nursing code of professional conduct and explain to family if they ask you questions
- Respect a patient's wishes to confidentiality and reassure that you cannot and will not repeat information to others unless they give you permission
- Ask if they would like you involved in their care

## **WHAT DO YOU UNDERSTAND BY THE TERM 'EVIDENCE BASED PRACTICE'?**

It is the practice we put in place based on trials / research and the best outcomes from that, in hope that we are then providing the best care possible for our patients at that present moment in time. This does however continue to change as further research is carried out and better outcomes are achieved. This is why it is essential that all Nurses keep up to date with literature relevant to their place of practice and ensure they read the new policies provided by their trust as things continually change.

## **YOU ARE ADMINISTERING MEDICATION TO A 57-YEAR-OLD LADY AND HER HEART RATE IS BELOW 40. HER MEDICATIONS ARE PARACETAMOL, WARFARIN, DIGOXIN, AND AMOXICILLIN. WHAT ACTION WOULD YOU TAKE AND WHY?**

- Hold digoxin (when a patient is on digoxin you must always check their pulse rate for 1 minute prior to giving and if it is less than 60 bpm then it must be held, note rate, rhythm and quality) and get patient reviewed by the Doctor. Hold because digoxin slows the heart rate in people with e.g. atrial fibrillation/flutter and if it is already low without their daily tablet it is essential to get them checked out before giving another dose
- Check all other clinical observations and ask the patient how they are feeling
- The Doctor will most likely request blood samples to be taken to assess the level of digoxin (if it is within therapeutic range)
- Explain to patient what is going on and document everything

## **WHAT DO YOU UNDERSTAND BY THE TERM CLINICAL GOVERNANCE?**

- It is a framework, which helps all clinicians to continuously improve quality and safeguard standards of care
- Patient services continuously improve
- Staff treats patients courteously and involves them in decision making about their care
- Patients have all the information they need about their care
- Ensures Healthcare Professionals have the right to education and training
- Uses techniques to monitor and improve practice and anticipates potential problems
- Clinical errors are prevented whenever possible

## **HOW WOULD YOU CONTINUE TO PROFESSIONALLY DEVELOP YOURSELF?**

- Preceptorship/clinical supervision
- Induction programme in new areas to gain competence in practice
- Peer support/role models
- Continuing education specific to areas through courses, journals, online, study days, conferences
- Through association membership
- Reflective practice, portfolio keeping, action learning groups, research
- Critical incident analysis, ward meetings
- Adhere to up-to-date guidelines and policies



## IF YOU WITNESSES A COLLEAGUE SPEAKING/TREATING A PATIENT INAPPROPRIATELY, WHAT WOULD YOU DO?

- Intervene
- Attend to the patient foremost, ensure no harm has come to the patient, assess the situation if you need help, if not comfort, and reassure the patient
- Speak to the person concerned regarding the matter; maybe they need training
- Report to the Nurse in charge
- Relatives may need to be informed
- Complaints procedure needs to be explained to the patient
- Critical incident form may need to be completed
- Ensure the incident is documented in the patient's notes

**The answers given are not conclusive and only here to aid you in your interview, anything you can add will only improve your chances.**

## Additional Questions

All these questions have come up in previous interviews – so it is in your best interest to think about them and add your own answers if possible.

- What excites and frustrates you as a Nurse?
- What do you think your biggest challenge will be in this post if you are successful today?
- What qualities do you have that we would be looking for?
- Patient safety is a key element of a trust's quality framework; as a Staff Nurse, how can you contribute to patient safety?
- How can you see if a high standard of care is being delivered on your ward?
- Give me some examples of why you would perform risk assessments in the clinical area?
- How can you, as a Staff Nurse, assist in the reduction of HAI (Hospital Acquired Infections)?
- As the Nurse in charge, how can you be confident your team members are delivering a high standard of care?
- What would your role be if your ward failed its document audit, and how would you ensure it never happened again? Also, how would you gain staff support in this?

## During the interview

**Smile!** Smiling has scientifically proven benefits: it releases endorphins which instantly make us feel better and can even fake the brain into making you feel happier.

**If you don't catch a question, ask to hear it again.** Take time to consider your answers and don't be afraid of natural pauses in the flow of conversation.

**Speak slowly** - nerves generally make us talk faster.

**Don't over-analyse** - you have done your best. Dwelling on past performances can be detrimental to future interviews.

**Remember to look into the camera** as much as you can rather than your screen.

**Ask questions** - Asking questions shows that you are interested in the job and have planned for it. Here are some examples of questions you can ask - you can of course come up with your own. Make sure you ask at least two:

1. What is the Nurse-to-patient ratio?
2. How often does the company hire Nurses? What is the turnover rate of the Nursing staff?
3. Who does this position report to?
4. What is the management style of the company? Of the supervisor?
5. What do other Nurses love about working here? What concerns, if any, have they raised recently?
6. Do you have a mentoring programme for Nurses new to the organisation?
7. Can you describe the orientation process?
8. In your opinion, what makes this organisation a great place to work for?
9. How is patient satisfaction measured here, and what were the most recent findings?  
Initiatives for improvements?
10. Can you tell me how Nurses are kept informed about new initiatives, projects, and events happening within the organisation?
11. What would you say are the top two to three qualities of the most successful Nurses currently working here?
12. If hired for this role, how would I be evaluated for performance, and how often throughout the year?
13. Are there any other questions I can answer for you about my qualifications or my desire to join your organisation?
14. What challenges or difficulties might I face in the first 6 months?
15. What are my career prospects in the hospital?

# Drug Assessment

After your interview you may be asked to complete a drug assessment test. Your Recruitment Advisor will tell you if this applies to you. Below are some example questions for you to practice with.

**The formula is as follows:**

**Dose required divided by stock dose multiplied by DOSE REQUIRED x ML STOCK DOSE**

## Examples

- Doctor prescribes 4mg of Dexamethasone iv (intravenously) for a patient.  
Dexamethasone comes in ampoules of 8mg in 2ml use formula  
4mg (dose required)  
divided by 8mg (stock dose/dose in 1 amp)  
multiplied by the total ml in ampoule (2ml)  
**= 1ml of solution required**
- Doctor prescribes 420mg of iv Gentamicin antibiotic for a patient.  
Gentamicin comes in 80mg in 2ml ampoules  
420mg (dose required)  
divided by 80mg (Stock dose/dose in 1 amp)  
multiplied by the total ml in amp (2ml)  
**= 10.5ml required (5 full ampoules plus .5ml of 6th amp)**
- Doctor prescribes 1g paracetamol orally for a patient.  
Paracetamol comes in 500mg tablets.  
1000mg(1g) (dose required)  
divided by 500mg (stock dose)  
**= 2 tablets to be given**

## INTRAVENOUS FLUIDS (IV) INFUSION FORMULA ML PER HOUR FORMULA USING HOURS

Volume = ml per hour

Time

example: 1000ml of Sodium Chloride is prescribed for a patient over 12 hours

1000 divided by 12 = 83ml per hour

## ML PER HOUR USING MINUTES

VOLUME = ML PER HOUR (MINUTES/60)

example: 1000ml Sodium Chloride over 90 minutes

1000ml- 1000 divided by 1.5 = 666ml per hour

90minutes divided 60 = 1.5

## DROP FACTOR FORMULA

1500 ml IV Saline is ordered over 12 hours. Using a drop factor of 15 drops / ml, how many drops per minute need to be delivered?

1500 (ml) x 15 (gtts/ml) = 31gtts/minute

12 x 60 (gives us a total minutes)

## PLEASE FIND BELOW SOME EXAMPLE DRUG CALCULATIONS AND COMPLETE THEM FOR YOUR OWN PREPARATION

### EXAMPLE QUESTIONS

- 10,000 UNITS OF HEPARIN HAS BEEN PRESCRIBED FOR A PATIENT - IT COMES IN 25,000 UNITS IN A 5ML VIAL  
- **HOW MANY MLS WILL YOU NEED?**
- 65MG IV FUROSEMIDE HAS BEEN PRESCRIBED FOR A PATIENT – IT COMES IN 50MG IN 5ML VIALS  
- **HOW MANY MLS WILL YOU NEED?**
- 0.25MG OF DIGOXIN HAS BEEN PRESCRIBED FOR A PATIENT – IT COMES IN 500MCG IN 2ML  
- **HOW MANY MLS WILL YOU NEED?**
- A BRADYCARDIC PATIENT IS PRESCRIBED 300MCG OF ATROPINE. EACH ATROPINE VIAL CONTAINS 600MCG PER ML  
- **HOW MANY MLS OF ATROPINE WILL YOU NEED?**
- GENTAMICIN IS PRESCRIBED AT 5MG/KG  
- **HOW MUCH WILL YOU NEED TO GIVE TO A PATIENT OF 76KG?**
- A PATIENT IS PRESCRIBED 3MG OF KONAKION – THE AMPOULES COME IN 10MG IN 1 ML  
- **HOW MUCH WILL YOU NEED TO DRAW UP?**

### EXPRESS THE FOLLOWING: -

- 10MG IS THE SAME AS ..... MCG
- 0.250MG IS THE SAME AS ..... MCG
- 100MCG = HOW MANY ..... MG
- 0.25G IS THE SAME AS ..... MG

## After the interview

Take some time out before returning to your normal routine – even if it is just a coffee!

Ultimately, even if you are unsuccessful this time, every interview is a learning process that helps you to improve going forward. You will receive feedback if you are unsuccessful.

You will be contacted by your Recruitment Advisor to either let you know how the interview went or to get some feedback from you.

If you have any questions or concerns, speak to your Recruitment Advisor as soon as you can.