



## Assessment Sheet

Applicant's Name : MATTHEW BESWICK

\*use of this form is not mandatory – it's purpose is to simply guide panels on how to assess applicants.

Interview Question	Panel Member's Notes on Applicants response
<p><b>3. Clinical Skills</b></p> <p>Working with Adult with complex mental health issues in a locked environment can be challenging.</p> <p>Tell us about your professional assets (skills and qualifications) and experience that would equip you to be an effective part of the treatment team?</p>	<p>HIGH SECURE – WHITLOCK URGENT 1999</p> <p>FRANCIS DENTREE MHA 2000</p> <p>BA. NURSING Responsibility</p> <p>RECENTLY RETURNED TO FT WORK</p> <p>MULTIPLE BIRTH.</p> <p>MINDFUL OF ETHNIC BACKGROUND</p> <p>DESCENDANT / NO examples.</p> <p>All modes of communication</p>

Does Not Meet (DNM)	Almost Meets (AM)	Meets Requirements (M)	Slightly Above (SA)	Outstanding (O)
Does not meet Key Skill Requirements / fails or minimally satisfies Key Skill Requirements	Almost meets Key Skill Requirements / Partially / marginally meets Key Skill Requirements	Meets Key Skill Requirements	Slightly above Key Skill Requirements / Marginally exceeds / superior satisfaction of Key Skill Requirements	Exceeds Key Skill Requirements

**Desired Responses** (NB - the "desired responses" a panel indicates hereunder is not meant to be an exhaustive or exclusive list, but is to guide the panel on what they are seeking from an ideal applicant.)

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**Panel member**

Name:	<u>LAURA DYER</u>	Date:	<u>16/1/14</u>
Signature:			



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Applicant's Name : MATTHEW BESWICK

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Interview Question	Panel Member's Notes on Applicants response
<p><b>4. Consumer Focussed</b></p> <p>Contemporary adult mental health services use the term <b>Recovery</b>.</p> <p>What does this term mean to you?</p> <p>How have you framed your clinical interventions to promote this?</p>	<p>Recovery – goal resume or enhance function what are their goals – ? capacity ? resources Supports available in community.</p> <p>Example – boy Anxiety 3 times and then change goal. Achievements earned. Important to person &amp; family.</p>

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**Panel member**

Name:	<u>LARA DYER</u>	Date:	<u>16/1/14</u>
Signature:			



## Assessment Sheet

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Interview Question	Panel Member's Notes on Applicants response
<p>5.</p> <p>You are on a medication round in a prison when you find yourself being yelled at by a client. Whilst the person is abusive, they are also refusing to take medication.</p> <p>Can you explain what your actions would be in this instance?</p> <p>[PTO]</p>	<p>- Protect of self</p> <p>- Know protocols</p> <p>- Risk Assessment</p> <p>- Inclination + Capacity</p> <p>- ? PT Safety</p> <p>+ QCS + People</p> <p>- unsure of process.</p>

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Panel member

Name:	<u>Laura Dyer</u>	Date:	<u>16/1/14</u>
Signature:			





5. You are on a medication round in a prison when you find yourself being yelled at by a client. Whilst the person is abusive, they are also refusing to take medication. Can you explain what your actions would be in this instance.

	<p><b>Safety – Self</b></p> <p><b>Safety – Environment – ensure med cart can't be stolen</b></p> <ul style="list-style-type: none"> <li>- other prisoners safe</li> <li>- officers and yourself safe</li> </ul> <p><b>Safety – Client/what is the medication</b></p> <p><b>Team approach/discuss/notify/document/review/</b></p> <p><b>Communication – de escalation/ ABM</b></p> <p><b>Report :</b></p> <ul style="list-style-type: none"> <li>- senior nurse</li> <li>- doctor</li> </ul> <p><b>Does anyone else need to know external to QH: QCS safety and security</b></p> <p><b>Documentation – medical chart</b></p> <p><b>Documentation – medication chart</b></p> <p><b>Documentation - Handover</b></p>
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### Panel Member Interview Notes – Tips:

- The purpose of taking notes when assessing applicants is to assist the panel member in discussing with the other panel members who they believe to be the successful applicant and why.
- These notes and subsequent discussion should be used to draft the summary statement on each shortlisted applicant within the selection report.
- The summary statement is a collective statement from all panel members on each applicant.
- As the legislative requirement for recruitment and selection is that the process “is able to be reviewed”, the summary statement (or comparative statement where more than one applicant exists) must succinctly indicate the panel’s assessment of the applicant against the role’s key attributes, and whether the panel considers them meritorious, suitable or not suitable for an order of merit, and on what basis.
- Provided the reader of the summary statement is to be able to clearly differentiate one applicant from the other, and see the logic in the final outcome, this will meet the test of “able to be reviewed”.
- Your summary statement must indicate that all available information has been considered (ie. combined information, eg. application, interview & referee report – not just interview alone).
- Documentation of a selection decision must clearly explain the decision-making process with reference to the basis for assessment contained in the role description. The final summary statement on each applicant that is recorded within the selection report successfully meets this requirement. Therefore, as panel member’s notes will assist in drafting a final summary statement on each applicant, the notes will no longer be required thereafter.
- Do not discard individual panel member’s notes unless you are certain that the final summary statement on each applicant is of a high standard.
- It is suggested that panel schedule enough time between interviews to draft the summary statement of each interviewed. If you do this when your whole panel is present, it is easier, quicker, and more valid and reliable than relying on your recall and interview notes several days later.
- It is not sufficient for the summary statement to consist of scores alone.
- “Scoring” is not required or recommended. This mathematical approach to recruitment and selection is time consuming and not effective. Consider why you have allocated a certain score, and instead of documenting the number/score, document the rationale for the number/score. If a selection decision is challenged, the panel will be required to explain the scoring anyway – better to document the *rationale* (rather than the number/score) in the first instance while the applicant is still fresh in your mind.

**Lourdes WONG****Assessment Sheet**


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<b>1. Team Work</b>  Could you please tell us how you have involved yourself in the promotion and development of a safe and effective and cohesive clinical team that promotes recovery focused treatment for adults with complex and high risk mental health issues?  In your answer use examples of how you have achieved this in the past.	<i>Communication -</i> <i>care coordinator of clients - team meeting - multidisciplinary</i> <i>eg. difficult care plan - ready for D/C required</i> <i>accommodation - anxiety in public referred</i> <i>to psychologist - for simple cooking &amp;</i> <i>planning - social work for management</i> <i>out source community agencies to locate</i> <i>accom. Medication education and help</i> <i>with a case manager from community.</i> <i>Review and update as indicated.</i>

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**Panel member**

Name: <i>Laura Dyer</i>	Date: <i>16/1/14</i>
Signature: 	





Queensland Government  
Queensland Health

Form 2 (b)

## Assessment Sheet

Applicant's Name :

Louise Wong

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Interview Question	Panel Member's Notes on Applicants response
<p><b>2. Risk Management and Leadership</b> Working in the area of acute adult mental health you are often faced with challenging situations. The role of the RN requires a leadership role in the identification and management of risks, give us examples of how you have achieved this?</p> <p>Tell us about your recent experience and how you have managed your own positive mental health in this environment.</p>	<p>Come to work early review handover and any incidents. Plan shift. Self harm is the highest incident. Early morning signs + symptoms - early intervention. Deescalation ABM training. Orientate new staff. Mindful of staff distressed → stimulus environment 1 obs R/N + inform Manager/family/document/Prime.</p>

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<p>↓ ACCESS TO KITCHEN OR ROOMS IF ENVIRONMENT UNSAFE            (B) DISCUSS w colleagues - debrief - peer support - reflective practice.            GOOD COPING STRATEGIES.</p>				

Panel member

Name:	<u>LAURA DYER</u>	Date:	<u>16/1/14</u>
Signature:			





## Assessment Sheet

Applicant's Name : LOURDES WONG

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Interview Question	Panel Member's Notes on Applicants response
<b>3. Clinical Skills</b>  Working with Adult with complex mental health issues in a locked environment can be challenging.  Tell us about your professional assets (skills and qualifications) and experience that would equip you to be an effective part of the treatment team?	TRAINED AS PSYCHIATRIC NURSE - <u>EARLY IDENTIFICATION OF STRESS.</u> Continue to monitor for Report documentation

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### Panel member

Name:	<u>LAVAS DYER</u>	Date:	<u>16/1/14</u>
Signature:			



## Assessment Sheet

Applicant's Name :

Laodes Wong

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Interview Question	Panel Member's Notes on Applicants response
<p><b>4. Consumer Focussed</b></p> <p>Contemporary adult mental health services use the term <b>Recovery</b>.</p> <p>What does this term mean to you?</p> <p>How have you framed your clinical interventions to promote this?</p>	<p>- For control of lives and treatment and plan. Have ownership</p> <p>- integrate into community.</p> <p>- Encourage and integrate skill development</p> <p>- Shopping → school → socialisation</p> <p>Core coordinator → include → gradual release</p>

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**Panel member**

Name:	<u>LAURA DICK</u>	Date:	<u>16.1/14</u>
Signature:			



## Assessment Sheet

Applicant's Name : Louise Wang

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Interview Question	Panel Member's Notes on Applicants response
<p>5.</p> <p>You are on a medication round in a prison when you find yourself being yelled at by a client. Whilst the person is abusive, they are also refusing to take medication.</p> <p>Can you explain what your actions would be in this instance?</p> <p>[PTO]</p>	

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Name:	<u>LARA DYER</u>	Date:	<u>16/1/14</u>
Signature:			





5. You are on a medication round in a prison when you find yourself being yelled at by a client. Whilst the person is abusive, they are also refusing to take medication. Can you explain what your actions would be in this instance.

	<p><b>Safety – Self</b></p> <p><b>Safety – Environment – ensure med cart can't be stolen</b></p> <ul style="list-style-type: none"> <li>- other prisoners safe</li> <li>- officers and yourself safe</li> </ul> <p><b>Safety – Client/what is the medication</b></p> <p><b>Team approach/discuss/notify/document/review/</b></p> <p><b>Communication – de escalation/ ABM</b></p> <p><b>Report :</b></p> <ul style="list-style-type: none"> <li>- senior nurse</li> <li>- doctor</li> </ul> <p><b>Does anyone else need to know external to QH: QCS safety and security</b></p> <p><b>Documentation – medical chart</b></p> <p><b>Documentation – medication chart</b></p> <p><b>Documentation - Handover</b></p>
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# Lourdes WONG

## Assessment Sheet

Rec IMH

Remmore

Applicant's Name :

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Interview Question	Panel Member's Notes on Applicants response
<b>1. Team Work</b> Could you please tell us how you have involved yourself in the promotion and development of a safe and effective and cohesive clinical team that promotes recovery focused treatment for adults with complex and high risk mental health issues?  In your answer use examples of how you have achieved this in the past.	- <u>Team</u> - Care Coord role - eg spread of the Accom - Basic Cooking & Slogist - anxiety management - OT - Cooking - SLW Money for accom - involved agencies - Medication - non compliant leave in CM - medicate IMH - Renew ICP - involving team - monitor OK.

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<p><b>2. Risk Management and Leadership</b> Working in the area of acute adult mental health you are often faced with challenging situations. The role of the RN requires a leadership role in the identification and management of risks, give us examples of how you have achieved this?</p> <p>Tell us about your recent experience and how you have managed your own positive mental health in this environment.</p>	<p>Get to work early - read H/O - Med review DSH most common risk - Plan - Con/ops - Quiet one Recognise s/s pre risk behaviour so can intervene early - Maintain safe environment / search. ABMA - Know what to do if incident Be aware of students - Inform Dr/parent / NM / Doc / PRIME. Talk to pts - Area safe - talk to colleagues - talk about thing can leave work @ work. - peer sup.</p>

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Interview Question	Panel Member's Notes on Applicants response
<p><b>3. Clinical Skills</b></p> <p>Working with Adult with complex mental health issues in a locked environment can be challenging.</p> <p>Tell us about your professional assets (skills and qualifications) and experience that would equip you to be an effective part of the treatment team?</p>	<p>- Clinical skill - psychiatric Nurse - S/S MI - Observation</p> <p>- Reporting - Continue to monitor</p> <p>- PRN (last resort) - report on outcome -</p> <p>- No worries around locked environment.</p> <p>- Worked general as EN.</p> <p>- Reporting - Doc</p>

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<p><b>4. Consumer Focussed</b></p> <p>Contemporary adult mental health services use the term <b>Recovery</b>.</p> <p>What does this term mean to you?</p> <p>How have you framed your clinical interventions to promote this?</p>	<p><i>- Recovery - to be in control in their lives - hope for the future - live in community</i></p> <p><i>Community integration</i></p> <p><i>- School → leave progress</i></p> <p><i>- Craft/Cooking/Baking - let them cook -</i></p> <p><i>When take out public behavior - food choices</i></p> <p><i>Integrate -</i></p>

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<p>5.</p> <p>You are on a medication round in a prison when you find yourself being yelled at by a client. Whilst the person is abusive, they are also refusing to take medication.</p> <p>Can you explain what your actions would be in this instance?</p> <p>[PTO]</p>	<p>* Not able to be considered due to only psych training.</p>

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- Q - More info.
- Confable to work in all areas of the Park
  - Keen to learn new information



## Assessment Sheet

# Lourdes WONG

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<p><b>1. Team Work</b></p> <p>Could you please tell us how you have involved yourself in the promotion and development of a safe and effective and cohesive clinical team that promotes recovery focused treatment for adults with complex and high risk mental health issues?</p> <p>In your answer use examples of how you have achieved this in the past.</p>	<p>Care Coordinator -            Example - client - anxiety in public, reqd accom, needed basic cooking            Involved the extended team, OT, Social Worker, psychologist skills.            Involved other agencies - supported Accom            - involved community case mgr.            - Reviewing with the team. - Budgeting skills            - Attend Team Meetings - monitored Case Plan. - Commms with team</p>

Does Not Meet (DNM)	Almost Meets (AM)	Meets Requirements (M)	Slightly Above (SA)	Outstanding (O)
Does not meet Key Skill Requirements / fails or minimally satisfies Key Skill Requirements	Almost meets Key Skill Requirements / Partially / marginally meets Key Skill Requirements	Meets Key Skill Requirements	Slightly above Key Skill Requirements / Marginally exceeds / superior satisfaction of Key Skill Requirements	Exceeds Key Skill Requirements
Desired Responses (NB - the "desired responses" a panel indicates hereunder is not meant to be an exhaustive or exclusive list, but is to guide the panel on what they are seeking from an ideal applicant.)				

### Panel member

Name:		Date:	
Signature:			



## Assessment Sheet

Applicant's Name : \_\_\_\_\_

\*use of this form is not mandatory – it's purpose is to simply guide panels on how to assess applicants.

Interview Question	Panel Member's Notes on Applicants response
<p><b>2. Risk Management and Leadership</b> Working in the area of acute adult mental health you are often faced with challenging situations. The role of the RN requires a leadership role in the identification and management of risks, give us examples of how you have achieved this?</p> <p>Tell us about your recent experience and how you have managed your own positive mental health in this environment.</p>	<p>Handover - plan shift based on case notes</p> <p>Self harm - recognise the triggers</p> <p>upset</p> <p>Intervene before it happens</p> <p>- Trained in ABM -</p> <p>- Ensure students are aware if they are on the ward.</p> <p>- Quiet part of the ward, get Dr, inform parents, num.</p> <p>- Document &amp; Report</p> <p>- Talk to colleagues, peer support, leave work at work.</p>

Does Not Meet (DNM)	Almost Meets (AM)	Meets Requirements (M)	Slightly Above (SA)	Outstanding (O)
Does not meet Key Skill Requirements / fails or minimally satisfies Key Skill Requirements	Almost meets Key Skill Requirements / Partially / marginally meets Key Skill Requirements	Meets Key Skill Requirements	Slightly above Key Skill Requirements / Marginally exceeds / superior satisfaction of Key Skill Requirements	Exceeds Key Skill Requirements
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Panel member

Name:		Date:	
Signature:			