



Assessment Sheet

Applicant's Name : STEVE SAULT

*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
3. Clinical Skills ✓ Working with Adults 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?	2006 GRADDIP - HIGH SECURE → FRANKLIN 2008 2008 BARRETT - MASTER MH 2010 MEDIUM SECURE → ADOLESCENT <hr/> → Education + challenge

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: <u>LARADER</u>	Date: <u>16/1/14</u>
Signature: 	



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Interview Question	Panel Member's Notes on Applicants response
4. Consumer Focussed Contemporary adult mental health services use the term Recovery . What does this term mean to you? How have you framed your clinical interventions to promote this?	- STRIVING TO THE BEST OF THEIR CAPABILITY WITHIN COMMUNITY. - provided example.

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Panel member

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



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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>- protocol?</p> <p>- Knowledge fellow</p> <p>- Documentation/communication.</p> <p>- TIME</p> <p>- ↓ ? Return to educate or reoffer.</p>

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Panel member

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

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- 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).
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- 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.



Not suitable for ~~Ad Adult~~ acute MH or general nursing - Form 2 (b)

Vanessa CLAYWORTH

ent Sheet

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Interview Question	Panel Member's Notes on Applicants response
<p>1. Team Work</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>-BAC- morning meeting & case conference as NOM/CNC conducted meeting - Good communication written & verbal - ie email CSO. WLEsup</p> <p>Complex care panels - recovery focus - Development tasks -</p> <p>- Casual working - role modelling / staff patches</p> <p>- feedback to NOM</p> <p>Most staff are managed in service</p>

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Panel member

Name:	Date:
Signature:	

Does not want to work in Ipswich due to extended travel 90mins.



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Interview Question	Panel Member's Notes on Applicants response
<p>2. Risk Management and Leadership 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>→ Be aware of consumers risks before going into ward environment risk - Observation important re risks</p> <p>My re risks - meet i line manager 1/52 (operational) / not sup.</p> <p>Other ML - Clinical Supervisor / outside park - Dis spec</p> <p>- Stable home life</p> <p>- Good boundaries -</p> <p>Duty Dr - Careers - Consumers safe / NOK</p> <p>Prime - Relant</p>

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Panel member

Name:	Date:
Signature:	



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Interview Question	Panel Member's Notes on Applicants response
<p>3. Clinical Skills</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><i>limited exp in locked environment, found it challenging.</i></p> <p><i>- Sees importance of structure early by preceptor / clin. Supervisor</i></p> <p><i>- Again reflected on her focus on CYMHS</i></p> <p><i>- Clinical skills - BAC - Case coord</i></p> <p><i>Ability form good partnerships clinical N. Liaison officer</i></p> <p><i>Contributed to research A/NOM from Aug - CNC</i></p>

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<p>4. Consumer Focussed</p> <p>Contemporary adult mental health services use the term Recovery.</p> <p>What does this term mean to you?</p> <p>How have you framed your clinical interventions to promote this?</p>	<p><i>Covers</i> <u>Recovery</u> - Consumer's meaning ^{attitude} - Values - 1-D needs esp - build report/understand their needs & goals - 1:1 time - case coord - screening tools</p>

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Panel member

Name:	_____	Date:	_____
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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>Ass the environment / Safety / sup / Keep safe .</p> <p>Verbal de escalation - usually successful .</p> <p>Negotiate - establish why refused - Seek assistance - as required - Ass Capacity</p>

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Panel member

Name:		Date:	
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.

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Given op to give further information -
just wanted to underline her interest
in adolescent only - not adult

Inv in juvenile justice - RN - Act CNE available

Kenne - Give overview process.

VER - preferred -

- Does not want to work in the Park
as prof future in CEMHS.
- Has young child - issues in child care.

Did not have the experience / skills suitable for job
match with an equivalent position in Adult MH
Services



ment Sheet

Vanessa CLAYWORTH

Applicant's Name :

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Not suitable for Adult placement. Limited acute general nursing skills. Solid expertise in Adolescent + young people.

Interview Question	Panel Member's Notes on Applicants response
<p>1. Team Work</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>Case Conference - Multidisciplinary team</p> <p>Agenda + minutes - communication written/spoken.</p> <p>Statewide membership -</p> <p>WIG - improve workplace practice</p> <p>participation in portfolio - 'general nursing staff'</p>

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Panel member

Name:	<i>L. CLAYWORTH</i>	Date:	14/1/14
Signature:			



Queensland Government
Queensland Health

Form 2 (b)

Assessment Sheet

Applicant's Name : Vanessa Clayworth

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Interview Question	Panel Member's Notes on Applicants response
<p>2. Risk Management and Leadership 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>- Aware of Risk Assessment - Familiar with environment identified aspects of Risk + outlined MH assessment.</p> <p>- mental health needs eg self harm → medical stable → mental health → PRIME → contact NOK. debrief other pt + staff.</p> <p>- Access clinical supervision - work/life balance</p> <p>- maintain boundaries → met with line manager 1x week.</p>

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Panel member

Name:	<u>LARA DYER</u>	Date:	<u>14.1.14</u>
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<p>3. Clinical Skills</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>- challenge with locked environment dependence → structured activities → contact nurses ↑ acuity.</p> <p>- CLO - CNC - CN - RN.</p> <p>Form GOOD PARTNERSHIP - SERVICE DEVELOPMENT - + RESOURCES</p> <p>CLINICAL SUPERVISOR, PRECEPTOR</p>

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Panel member

Name:	<u>LARA DICK</u>	Date:	<u>14.1.14</u>
Signature:			



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Interview Question	Panel Member's Notes on Applicants response
4. Consumer Focussed Contemporary adult mental health services use the term Recovery . What does this term mean to you? How have you framed your clinical interventions to promote this?	- Recovery - what their meaning of Recovery is + family ✓✓ - Identify needs - Support - Support - goals → partnership inclusion ensure parallel. - Screening tools

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Panel member

Name:	<u>LARA DUBO</u>	Date:	<u>14.1.14</u>
Signature:			



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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>- Assess environment - exist, staff.</p> <p>- DEESCALATION.</p> <p>- Respect, why, educate.</p>

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Panel member

Name:	<u>LARA DUEK</u>	Date: <u>14.1.14</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.

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Vanessa CLAYWORTH

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1. Team Work 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.	Having met with - MDT - giving feedback. Good com's - written & verbal - advising of risk mg. Complex care panels - state of recovery & dev't task base. WIG. Portfolios.

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<div style="height: 100px;"></div>				

Panel member

Name:	Peter Howard	Date:	14/1/14
Signature:			



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<p>2. Risk Management and Leadership 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>Awareness of risk ass's. at start. Environmental risks. The beh's of the - M.H. ass's. Consumer history. Clinical sup'n. D.S.H. episode - highest priority my medical, out obs. Duty etc. etc. Other consumer safe. Prim. risk. etc.</p> <p>Use of clinical sup'n. Good boundaries. Minimize impact. Meet to live manager.</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>P. Howards</u>	Date:	<u>14/1/14</u>
Signature:			