



Assessment Sheet

Applicant's Name : R. Richardson

*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>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>For pt to be able to function at least level in community etc. Can plans to contribute to their needs being met. They set goals & plan how to achieve & assist them. ↑ independence = feel better about selves & self reliance. Support families to help pt.</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:	<u>P. Howard</u>	Date:	<u>4/1/14</u>
Signature:			



Assessment Sheet

Applicant's Name : R. Richardson

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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>Firm + assertive. Not aggressive. Explain they have to talk, to settle down. See them when more settled. Don't push it when they are upset.</p> <p>Don't promote beh by 1 voices.</p> <p>Can't make them take med's.</p> <p>Inform others, Dr., CN. Assess urgency/importance of med's reg insulin.</p>

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Panel member

Name:	<u>P. Howards</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.

	<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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- 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).
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Not willing to work in F.M.
OK to leave 10th & 12th St. - would pay + 10th route long time ago.
I have in M. Health - Hampshire vs sandpiper.

Assessment Sheet

 Applicant's Name : **Kimberley SADLER**

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Interview Question	Panel Member's Notes on Applicants response
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.	<p><i>7 yrs at the lock. - ESR Rehab team; A/CN 9/12 - Do co-ord role - set up day. Look at risk factors. Con'n, roles, exchange into a team; Planning days together ie. not delegate. Staff given responsibility. Written con'n - M.D.T. meeting - good info from rehab staff. Timely info. Con'n to clinical team re rehab work. Advocating safety for staff esp the aides. - empowered. Risk Ass's -> plans. esp in community setting. Utilise experience of staff.</i></p>

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Panel member

Name:	<i>P. Howland</i>	Date:	<i>16/1/14</i>
Signature:			



Assessment Sheet

Applicant's Name : K. SMILEY

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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>Research + scientific background → sensible decisions based on data. Consider into RN roles + RN's at start of shift. Get into RN safely focused staff. Walk around + check env. (env test) - Preparation to deal w risks - preplanning. Reflect on when things have occurred.</p> <p>Variable in maintaining own MH. Complex sith at start → hard to be true. Travelling, night shift → tiredness. Keeping the focus. Last learning from illness. Strategies used say shifts to challenge in daylight</p>

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Panel member

Name:	<u>P. Howard</u>	Date:	<u>16/1/14</u>
Signature:			

Assessment Sheet

Applicant's Name : K. SADLER

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Interview Question	Panel Member's Notes on Applicants response
3. Clinical Skills 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?	Exp. - 13 yrs the park. Edu - Hons L., > Analytical skills; B.M.H nursing & Medicine. Further Ed - workshops + etc. love of learning. U - forensic focus, as violent crime. Aware of need to learn more clinical skills 2 yrs - counselling at lifeline.

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Panel member

Name:	<u>P. Homan</u>	Date:	<u>16/1/14</u>
Signature:			



Assessment Sheet

Applicant's Name : K. Stiller

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Interview Question	Panel Member's Notes on Applicants response
<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>A journey. pt's experience. Not treatment offering a quality of life in con'y of their choice. Holistic - "the person". Partnership. Exploration - empowering pt - hope for a good life. Identity outside of mental illness. Supported. Advocates for people w/ M. illness. Care planning. Recovery plans. Goals setting - pt - how to support. Open com. Carers involved.</p>

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Panel member

Name:	<u>P. Howards</u>	Date:	<u>16/1/14</u>
Signature:			

Assessment Sheet

Applicant's Name : K. Sader

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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>	

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Panel member

Name:	<u>P. Howard</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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Working pos'n in Newbarr - awaiting outcome post process. Otherwise got very
Not interested in Prisons
EGH Acute too far

Assessment Sheet

Applicant's Name : **Maree SHERATON**

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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>Post 2 1/2 yrs addictions. Monitor clients MHS. Interact in team. Collaborative -> resolution of client Rx. Report dangers eg weakness for rectification.</p>

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Panel member

Name:	<i>P. HOWARD</i>	Date:	<i>16/1/14</i>
Signature:			



Assessment Sheet

Applicant's Name : MARIE SPERASON

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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>Assessing deterioration of MH clients. Talk to staff re performance. Inform Dr. Risk assessments. Client MHS - interaction. De-escalation if possible. Offer pro. Call for assistance. Advancing / increasing risk on assessments.</p> <p>Maintain own safety. Seek support of others. Engage in recreational exercises. Activities pleasurable, distal. Ref help - ERS, PSP.</p>

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Panel member

Name:	<u>P. Howard</u>	Date:	<u>16/1/14</u>
Signature:			

Assessment Sheet

 Applicant's Name : M. Shanton

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Interview Question	Panel Member's Notes on Applicants response
3. Clinical Skills 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?	11 yrs experience in HF the Park Rem 1998. – some severe words eg Ocker horse To HF Rem of 2000. urgent & whitlock, 5 1/2 yrs work. → Distress.

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Panel member

Name:	<u>G. Hennessey</u>	Date:	<u>16/1/14</u>
Signature:			



Assessment Sheet

Applicant's Name : ~~P. Howard~~ M. Sheridan

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Interview Question	Panel Member's Notes on Applicants response
<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>Client has more say in M.H care. More control. I dictated. Support what they want to achieve. At their pace. Seek what they want eg Rehab. Safe env. Not institutionalised. Encourage family, friends, jobs, Empowerment. Successful integration into community. Red'n. use of med'n. Learning to cope.</p>

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Panel member

Name:	<u>P. Howard</u>	Date:	<u>6/1/14</u>
Signature:			

Assessment Sheet

Applicant's Name : M. Shurton

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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>	

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Panel member

Name:	<u>P. Howman</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.

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Believes other staff would be better suited to work in prisons long term.
Preference is to take a V.E.R. now feels dissatisfied
After 2 1/2 yrs in BAC for prisons.
Not interested in working

Steve SAULT**ent Sheet**

Applicant's Name : _

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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.	<p>Can't. Being on floor.</p> <p>Taking initiative. Own visual records. Stay on floor - less happens.</p> <p>Modelling to new staff/students. Making see, it's do.</p> <p>Stay back & engage to right staff -> more informed. Satisfaction expressed.</p> <p>Enjoy activities, esp art work by hel preg. Adventure therapy - did training.</p> <p>Engaged to VOO's of child safety agency re.</p> <p>Adult -> MDT, comm, on the floor, being visible.</p>

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Panel member

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Signature:			



Queensland Government
Queensland Health

Form 2 (b)

Assessment Sheet

Applicant's Name : S. SMIT

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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>Aware of surrounds, comin to staff. who staff are. Strength & weakness Awareness of pt's. Match pt's & staff. Staff to better support. Who to do cat red. Consultation to Dr's etc. Staff on floor. So rounds. Get involved in what is going on. Leadership needs. respect willing to follow.</p> <p>Quality time away from work. Hobbies, family, gardening. Hobbies. Debriefing to staff. R.P. Extra studying/learning.</p>

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Panel member

Name:	<u>P. Howard</u>	Date:	<u>16/1/14</u>
Signature:			



Assessment Sheet

Applicant's Name : S. PAUL T

*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>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>G' Dip 2006. A lot of HS in Dist., Franklin, Tinto, Koro., + Broadest.</p> <p>Contact in Franklin Unit. 2008. → BAU. – enjoyed work & Adol's.</p> <p>2010 – did Masters Mlt, was completed.</p> <p>Ed' At overseas – ? credentialing.</p> <p>Interest in Education role. – promoting M. Health</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:	<u>P. Howard</u>	Date:	<u>16/1/14</u>
Signature:			