

# EMPLOYED STUDENT NURSE (ESN) APPLICATION FORM

Deadline for submission is November 30, 2023. Please email the application to esn@phsa.ca.

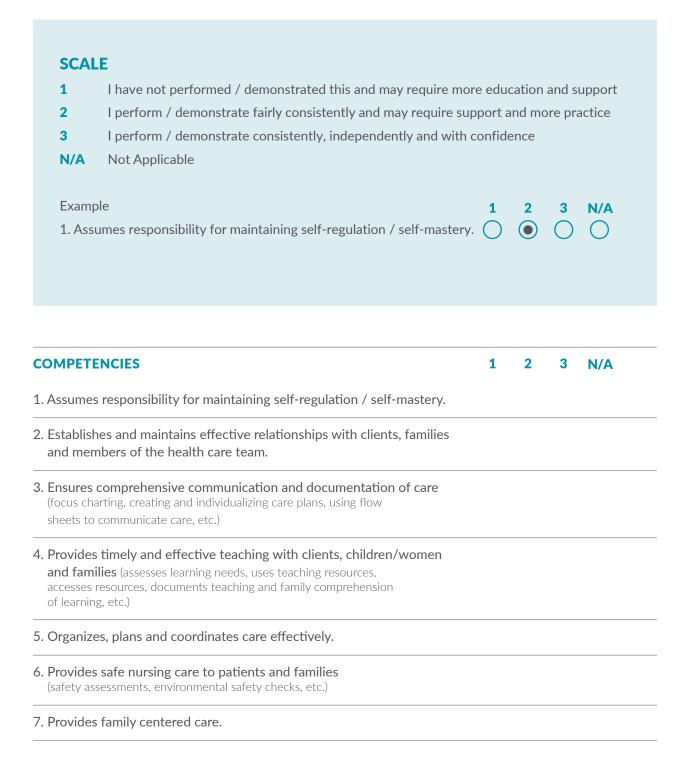
UNIT / WARD PREFERENCE	
Please choose two units listed below (1, 2) with	1 being your first preference.
Single Room Maternity Care	Postpartum
Neonatal Intensive Care Unit	Birthing
PROGRAM PREFERENCE	
Please tell us why you have chosen BC Woman's	Hospital and Health Centre as your first preference.
FUTURE CAREER PLANS	
What are your career goals in this chosen area of	perinatal care?
RELEVANT WORK AND VOLUN	TEER EXPERIENCE
Your Title	Employer
Completion date of your maternal/newborn clinic (required for ESN in postpartum) (MM/DD/YY)	cal rotation
ESN placement in the Neonatal Intensive Care U of BCIT Neonatal Theory 1 and 2 (applicable to BC	

Provincial Health Services Authority Province-wide solutions. Better health.

Please state the course completion date if applicable (MM/DD/YY)

#### **COMPETENCIES ASSESSMENT**

Please rate your own competencies using the scale below. Tick the box of the number that best represents your level on each competency (please see example).



### SKILLS ASSESSMENT

1 2 3 N/A

#### 1. ASSESSMENTS

- a. Head to Toe (maternal-newborn)
- b. Body Systems
- c. Pain Assessment
- d. Safety and Environment Assessment

#### 2. PARENTERAL / INFUSION THERAPY

- a. Site to Source Assessment
- b. Troubleshooting
- c. Infusion Pumps (Syringe, Volumetric)
- d. Changed / Added Solutions
- e. Infusion System set-up (Primed lines, Checked solutions)
- f. Discontinued Infusions
- g. Administered Blood Products

#### 3. GI

- a. In and out
- b. Breastfeed/bottle feeding
- c. Other baby weights
- d. Foley catheter care

#### 4. SKIN AND WOUND CARE

- a. Dressings
- b. Other

SKILLS ASSESSMENT (CONTINUED)	1	2	3	N/A
5. RESPIRATORY CARE				
a. Respiratory/sedation check				
b. Oximeter care				
c. Other				
6. BASIC CARE AND PATIENT MOBILIZATION				
a. Transfers				
b. Ambulation				
c. Bedbaths				
d. Turning / Repositioning				
e. Baby baths				
f. Other				
7. INFECTION CONTROL				
a. Isolation Techniques				
b. Other				
8. PATIENT AND FAMILY TEACHING				
a. Medication Teaching				
b. Other				
(e.g. breastfeeding teaching, baby bath, etc.)				

# **BC WOMEN'S HOSPITAL**

Additional comments (if applicable)

## **CHECKLIST**

Have you completed the form in full?

YES

NO

Have you submitted the following to esn@phsa.ca:

PHSA General Application Form

Program-specific Application form(s) (this form)

Cover Letter

**Resume** (please ensure your resume includes all of your clinical placements)

Medical / Surgical Clinical Evaluation

**Unofficial Transcript** 

**Reference** (must include two references—clinical instructor reference and personal / work reference)

#### THANK YOU FOR YOUR INTEREST IN PHSA'S ESN PROGRAM

Due to the large number of applications received, we are unable to confirm the status of individual applications.

Please note: Only short listed applicants will be contacted for an interview.

<sup>\*</sup>Please provide your Clinical Instructor for your Perinatal placement (if completed).