

Deadline for submission is November 30, 2023. Please email the application to [esn@phsa.ca](mailto:esn@phsa.ca).

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## UNIT / WARD PREFERENCE

Choose one location from below:

BC Cancer Vancouver

BC Cancer Abbotsford

BC Cancer Surrey

BC Cancer Kelowna

BC Cancer Victoria

Centre for the North in Prince George

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## PROGRAM PREFERENCE

Please tell us why you have chosen BC Cancer as your first preference.

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## FUTURE CAREER PLANS

What are your career goals in this chosen area of Adult Oncology?

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## RELEVANT WORK AND VOLUNTEER EXPERIENCE

Your Title

Employer

## 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).

### SCALE

- 1** I have not performed / demonstrated this and may require more education and support
- 2** I perform / demonstrate fairly consistently and may require support and more practice
- 3** I perform / demonstrate consistently, independently and with confidence
- N/A** Not Applicable

Example

1. Assumes responsibility for maintaining self-regulation / self-mastery.    **1**    **2**    **3**    **N/A**
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**1**    **2**    **3**    **N/A**

### COMPETENCIES

1. Assumes responsibility for maintaining self-regulation / self-mastery.

2. Establishes and maintains effective relationships with clients, families and members of the health care team.

3. Ensures comprehensive communication and documentation of care (focus charting, creating and individualizing care plans, using flow sheets to communicate care, etc.)

4. Provides timely and effective teaching with clients, children/women and families (assesses learning needs, uses teaching resources, accesses resources, documents teaching and family comprehension of learning, etc.)

5. Organizes, plans and coordinates care effectively.

6. Provides safe nursing care to patients and families (safety assessments, environmental safety checks, etc.)

7. Provides family centered care.

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**SKILLS ASSESSMENT**

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**1 2 3 N/A**

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**1. ASSESSMENTS**

- a. Head to Toe
- b. Body Systems
- c. Mental Health
- d. Pain Assessment
- e. Safety and Environment Assessment

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**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

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**3. GI**

- a. N/G Tube Insertion
- b. Administering Tube Feedings
- c. Administering Enema
- d. Adult Feeding
- e. Other

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**4. SKIN AND WOUND CARE**

- a. Skin and Wound Assessments
  - b. Dressings
  - c. Other
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**SKILLS ASSESSMENT (CONTINUED)**

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**1 2 3 N/A**

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**5. RESPIRATORY CARE**

- a. Oxygen Therapy
- b. Suctioning
- c. Other

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**6. BASIC CARE AND PATIENT MOBILIZATION**

- a. Transfers
- b. Ambulation
- c. Bed Baths
- d. Turning / Repositioning
- e. Play Therapy
- f. Other

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**7. INFECTION CONTROL**

- a. Isolation Techniques
- b. Other

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**8. PATIENT AND FAMILY TEACHING**

- a. Medication Teaching
  - b. Other  
(e.g. asthma teaching, symptom management, etc.)
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Additional comments (if applicable)

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## CHECKLIST

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Have you completed the form in full?	YES	NO
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Have you submitted the following to [esn@phsa.ca](mailto: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)

\*If an Oncology placement is your first choice, please provide your Medical/Surgical Instructor for your Oncology placement.

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## 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.**