

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

UNIT / WARD PREFERENCE

Please choose which unit at BC Children's Hospital listed below you would be interested in. If interested in both, please add 1 beside your first choice.

Eating Disorders Program

Child and Youth Mental Health

PROGRAM PREFERENCE

Please tell us why you have chosen the BC Children's Hospital – Child & Youth Mental Health as your first preference.

FUTURE CAREER PLANS

What are your career goals in this chosen area of pediatric mental health?

RELEVANT WORK AND VOLUNTEER EXPERIENCE WITH CHILDREN AND YOUTH

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**

COMPETENCIES

1 2 3 N/A

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.

SKILLS ASSESSMENT

1 2 3 N/A

1. ASSESSMENTS

- a. Head to Toe (infant to youth)
 - b. Growth and Development
 - c. Pain Assessment
 - d. Safety and Environment Assessment
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2. EMERGENCY CARE SITUATIONS

- a. 1:1 care
 - b. Chemical restraint
 - c. Mechanical restraint
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3. MENTAL STATUS EXAM

- a. Risk Assessment
 - b. Suicidality
 - c. Aggression
 - d. Safety checks
 - e. Groups
-

4. INFECTION CONTROL

- a. Isolation Techniques
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5. PATIENT AND FAMILY TEACHING

- a. Medication Teaching
 - b. Other
(e.g. EEG, ECG, CT, bloodwork prep)
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Additional comments (if applicable)

CHECKLIST

Have you completed the form in full?	YES	NO
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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)

*Please provide your Pediatric or Mental Health Clinical Instructor for your Pediatrics placement (if completed).

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.