

EMPLOYED STUDENT NURSE (ESN) APPLICATION FORM

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

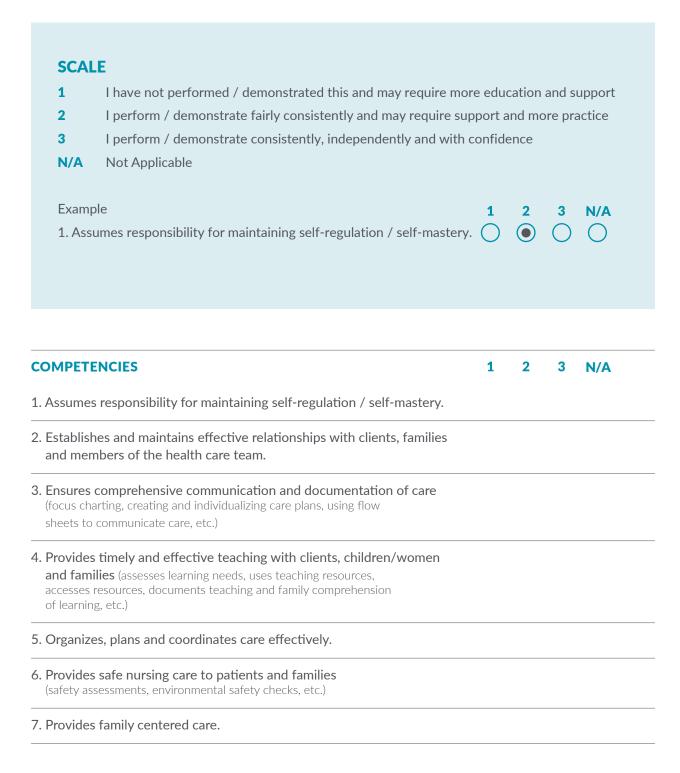
UNIT / WARD PREFER	RENCE	
Please choose two units listed be	elow (1, 2) with 1 being you	r first preference.
Single Room Maternity Care	Po	stpartum
Neonatal Intensive Care Unit	Bir	rthing
PROGRAM PREFEREN	CE	
Please tell us why you have chose	en BC Woman's Hospital and	d Health Centre as your first preference.
FUTURE CAREER PLA	NS	
What are your career goals in this	chosen area of perinatal ca	re?
RELEVANT WORK AN	D VOLUNTEER EX	PERIENCE
Your Title	Employer	
Completion date of your materna (required for ESN in postpartum) (MM		
ESN placement in the Neonatal Ir	ntensive Care Unit requires	successful completion

of BCIT Neonatal Theory 1 and 2 (applicable to BCIT students).

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.

^{*}Please provide your Clinical Instructor for your Perinatal placement (if completed).