

## The First Interview: Helping Prepare New Nurse Graduates

Kathryn P. Jackman-Murphy

As our nursing school students approach graduation, they begin to prepare their résumé and cover letters and hope to present a good first impression to secure an interview for their first position as a graduate nurse. However, some students may not have been to an interview in several years; while for others, this may be their first 'professional' job interview. This article outlines an innovative program developed by the Connecticut Nurses Association (CNA) to help graduating seniors meet this stressful job-seeking hurdle, while also providing a unique opportunity for CNA to attract new members and allow current members to interact positively with soon-to-be colleagues.

CNA has developed a mock interview program in collaboration with nursing programs in Connecticut. It provides graduating nursing students an opportunity to practice their interview skills and to get valuable, individual, and timely feedback from nurse leaders in a safe environment. The program was designed to provide graduating nursing students the resources and encouragement to transition to their first professional nursing position.

CNA's mock interview program was modeled after the interview program at the Career Counseling Center held at the National Student Nurses Association conference each year (led by Dr. Lois Marshall, PhD, RN).

The CNA program was started in 2012 with three goals:

- 1) Help prepare graduating nursing students for their first job interviews.
- 2) Provide further volunteer opportunities for CNA members.



- 3) Introduce our newest nurses to the benefits of being a member of their state and national professional organizations.

The program started the mock interviews in 2013 with a request by CNA to all Connecticut nursing programs to host a 1-day interview event and to provide space for interviewers to meet with students. In order to accommodate the varying schedules of nursing students (i.e. work, life, academic, and clinical commitments), it was anticipated that each mock interview event would be open to all senior nursing students, including those from other academic programs. Once the dates were set by the host facilities, CNA connected with membership for volunteers – as well as host site nursing faculty – to conduct the interviews. Interviewers included faculty from the host site, active/retired nurses, and nurse recruiters. It was possible that a student was interviewed by a potential future employer. CNA administrative staff coordinated the students' requests for appointments

and scheduled volunteer interviewers to the host sites. There was minimal use of resources and cost (for running the program) with the exception of the administrative time by CNA to coordinate host sites, students, and interview volunteers.

The program advertised to students through a variety of sources, including contacts with the deans, directors, faculty of nursing programs, and the Connecticut Student Nurses Association. The event is also advertised at a booth during the Connecticut League for Nursing's Student Day which is attended by approximately 1,000 graduate nursing students. Students called CNA to schedule their appointment as they would with a future employer. Each interview was scheduled for 45 minutes, anticipating approximately 20 minutes for the interview, 10 minutes for feedback, and 15 minutes for résumé review. Prior to the mock interview event, both students and interviewers were sent information to help prepare for their interviews – including potential interview questions and information on dressing for success. See Table 1 for the data regarding each year of the mock interviews.

Starting in 2014, follow-up surveys were sent to participants to help evaluate and improve the program. Questions included:

- What was most helpful about your interview experience?
- What was least helpful about your experience?

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**Table 1.**  
**Mock Interview Results**

Year	Number of Sites	Number of Interviewers	Number of Students Participating
2013	5	9	31
2014	4	13	23
2015	5	36	70
2016	5 (1 site with 2 dates)	41	102
2017	5 (2 sites with 2 dates)	33	77
2018	4	39	90

- Would you recommend this experience to you peers?

Results for the question of what was most helpful revealed that the students gained insightful information to help them in the future. Comments included:

- “Gave me the opportunity to prepare for and participate in an interview which I haven’t done in many years. It also provided me with great feedback and it was a confidence booster.”
- “Constructive criticism, communication skills.”
- “My interviewer provided very helpful [advice] on how to improve my cover letter and résumé, as well as how to interview for the particular types of positions in which I am interested.”
- “Provided many tips on how to reword answers for standard questions. Advice given on resume... (and) proper dress attire... There wasn’t anything that I didn’t find helpful about this experience.”

Few participants had comments for the least helpful component of the mock interview experience, though one student noted, “Myself – I was so nervous I forgot to get a business card of the person who helped me with my résumé and presentation.” Final comments from the 2014 program included:

- “Really appreciated being able to speak to someone and get help and direction in my career plans. Also inspired me by the other ways nursing helps our community.”
- “This interview helped to reduce my anxiety about the upcoming nursing interview process. Thank you for offering mock interviews!”

Nearly all participants noted they would recommend this program to their classmates in the future. One student noting, “Any senior student nurse who does not take advantage of this fantastic opportunity to practice interview skills is missing out on a great experience.”

In 2015, surveys were also sent to the interviewers for their feedback on the mock interview program. Questions included overall satisfaction with the experience, helpfulness of ‘toolkit’ preparation resources provided, and if they would consider participating again in the future. Most found the resources helpful:

- “I always like the interview tips and the article that addresses what interviewers are looking for in people they interview.”
- “I LOVE doing this!”
- “Great experience! Glad that I was able to participate again this year.”
- “It was terrific.”
- “I always enjoy meeting the students and facilitators for the mock interviews.”

In conclusion, the mock interview program has been a successful annual event in Connecticut, meeting each of its three goals, to help prepare graduating nursing students prepare for their first nursing job interview, provide volunteer opportunities for CNA members, and introduce more nurses to the benefits of membership in their professional organization. This program can be easily reproduced by other nursing organizations across the country and we encourage each agency to consider adopting this program to assist future nurses land their first job. The CNA welcomes questions about this program. Please send questions to [membership@ctnurses.org](mailto:membership@ctnurses.org) **DN**

## Psychotropic Medications: Why is There More to Know Beyond the ‘Five Rights’ and Side-Effects?

**Marcia Williams-Hailey**

**D**espite successes in medical science and technology, the health of Americans was rated poorest among other large nations in 2002 (Reid, 2010). This rating was impacted by factors such as the rising rate of obesity and diabetes mellitus in the United States as compared to the other nations. However, with the advancement of psychiatric treatment, there has been a higher prevalence of obesity, metabolic syndrome, and increased mortality rates among the psychiatric population, related to the side-effects of the newer, more commonly used atypical anti-psychotic medications. This shift in mental health pharmacotherapeutics has made it necessary for



Marcia Williams-Hailey

providers to understand the physiology and health consequences of these drugs, as they are also being used as the first-line treatment for psychosis. Yet, surprising findings in a study looking at the relationship between the psychiatric nurse’s knowledge, attitude, and self-reported behaviors – and obesity and bias in this

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**Table 1.**  
**Results of Knowledge Questionnaire**

Questions	True or False?	Percent Correct	Percent Incorrect
1. The new generation of antipsychotics is the first line treatment of psychosis.	T	71	29
2. Neuroleptics rather than benzodiazepines should be used for sedation.	T	48	52
3. There is no medication that has demonstrated effectiveness against negative symptoms in psychosis.	F	85	15
4. All first episode clients should have a neuroleptic free period of at least 48 hours.	T	59	41
5. Olanzapine should be taken with meals.	F	70	30
6. Blockade of dopamine produces a reduction in negative symptoms.	F	54	46
7. Serotonin 5-HT2 blockade produces a reduction in negative symptoms.	T	56	44
8. The start dose for risperidone in first episode psychosis is 1 mg. twice a day.	F	42	58
9. The recommended dosage for Olanzapine is 5 mg. to 20 mg.	T	91	9
10. Patients who have an initial dysphoric response to medication are more likely to adhere to medication.	F	91	9
11. Patients taking Olanzapine are not susceptible to weight gain.	F	91	9
12. Patients starting on Risperidone are susceptible to postural hypotension.	T	75	25

population – indicated a need to educate nurses on the indications and safe use of psychotropic medications (Williams-Hailey, 2015). Even more importantly, the findings suggest that there is more to know beyond the pharmacology of these drugs – the impact of nurses’ implicit bias towards people who are obese – and how this goes beyond teaching the ‘five rights’ (right patient, right medication, right route, right dose, and right time).

### Medical Treatment of Psychosis – Key Points to Know

The introduction of medications to treat mental illness revolutionized the way patients with serious psychiatric disorders were treated. With the introduction of pharmacotherapies in psychiatric settings, previous standards of treatment were abandoned for more humane approaches of medication management. Historically, the older anti-psychotic medications, such as Thorazine and Haloperidol, used in the treatment of schizophrenia were accompanied by many visible undesirable and uncomfortable side-effects. The high risk and occurrence of the side-effects of abnormal body movements, such as irreversible Tardive Dyskinesia (TD), the uncontrollable restlessness of akathisia, and the absence of physical movement of akinesia, often exposed the individual with schizophrenia to ridicule and bias. With the advent of the newer ‘atypical’ anti-psychotic medications, such as Olanzapine (Zyprexa) and Risperidone (Risperidol), the risk of these side-effects is greatly

reduced and has resulted in a decline in the use of the older anti-psychotics and the more common use of the atypical anti-psychotics as first-line treatment for psychosis (Vasudev & Martindale, 2010). However, these atypical anti-psychotics – so called because they do not have the usual or ‘typical’ side-effect profile as the older anti-psychotics – while being just as effective in relieving the psychotic symptoms of mental illness, brought with them the more health-threatening side-effect of obesity; a common precursor and companion to other chronic medical conditions (Roberts & Bailey, 2011).

According to the Office of Mental Health (OMH) (2010), there is a significantly higher rate of morbidity and mortality in individuals with severe mental illness associated with increased use of these atypical antipsychotic medications. While the advantages might be apparent in our current treatment choices, it is important for nurses to know more intimately the pharmacology and side-effects of these new drugs they are administering. Nurse educators need to be acutely aware of the importance to teach this information as students learn pharmacology in their educational programs, as well as helping them recognize how their personal perceptions impact how they may give these patients information and care.

### A National Study on Psychiatric Nurses’ Knowledge and Attitudes

Pursuant to concerns about the adverse effects of the atypical antipsychotic medications and the OMH’s (2010)

dismal report, Williams-Hailey’s (2015) national study looking at nurses’ knowledge of these new medications and psychiatric nurses’ attitudes towards patients who are obese also had some disturbing findings. The evidence indicated that while the nurses were fairly knowledgeable about the medications, what was troubling was that a large percent of the nurses were not as knowledgeable on how the medications are used or the correct dosing. In addition, almost half of the psychiatric nurses did not know the mechanism of action of the atypical anti-psychotics (see Table 1).

The results also indicated that the nurses with more psychiatric experience were more inclined to incorrectly think that benzodiazepines were preferred over neuroleptics (anti-psychotics) for sedation in psychiatry. This result is possibly due to the nurses with less psychiatric experience having more recent academic education in this area and not yet as strongly-influenced by clinical practice. Since nurses have an integral role in medication administration and serve as a safety check-point for patients, they need to be aware of the medication indications, the starting dosages, and dosing ranges of the medications they administer, not just the five rights and side-effects. Therefore, nursing education should be focused on improving the knowledge of new medications as they are developed, especially in the areas of indication and dosage, and to be continuously including new medications as they are introduced, while

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emphasizing dosage range and indications, as well as side-effects.

The more troubling findings of the Williams-Hailey (2015) study indicated that the nurses' responses to questions related to a patient's obesity appeared to be influenced by their own personal bias. In the 'vignette' portion of the study, participants who were randomized to respond to questions for the 'obese' patient were more likely to be negative and select options that stereotyped an obese person. In general, their personal judgments may have been influenced by their internalized feelings about caring for an obese patient who is mentally ill. Implicit bias are attitudes we have towards people or stereotypes we associate with them, without our conscious knowledge (Perception Institute, n.d.). This implicit bias has been studied in other populations but needs more studying here in order to provide the best care for psychiatric patients.

## Conclusion

In conclusion, nurses need to know more than the five rights especially with categories of drugs that have health relat-

ed side-effects, such as metabolic syndrome. In psychiatry, the effectiveness of the nurses' role in the treatment of the patient relies heavily on the relationship that is formed. The Williams-Hailey (2015) study highlighted the presence of implicit biases towards the obese psychiatric patient and insensitivity in not making accommodations for the obese patient, all of which may impact the therapeutic relationship. Since obesity has become an ever-increasing problem in psychiatry – secondary to the commonly used anti-psychotic medications – nurses have a duty to do more than just measure the degree of weight gain in their patients but provide support in the necessary lifestyle changes.

Nursing education should therefore be focused on detecting and improving nurses' self-awareness of biases they may have towards obese patients and improving their knowledge of new medications as they are developed – especially in the area of dosages and side-effects. Moreover, in addition to the pharmacotherapeutic knowledge about these side-effects and increasing nurses' self-awareness of personal biases about obesity,

greater emphasis needs to be made to ensure that nursing students gain this knowledge very early in their education program. **DN**

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