How to do it

Conduct an interview

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When taking interviews I often recall a reproduction in one of my school books of Yeames's painting "And when last did you see your father" which showed a party of Roundheads "interviewing" a little boy while his royalist family wait in fear in case the boy's answers to questions lead to disaster. The picture looks more like an inquisition, which many medical interviews resemble but which fortunately carry no punishment and only the hope of success.

Personal interviews

All I wish to say about personal interviews is that a dated record (including the year) should be kept in the form of notes taken of the discussions and of any conclusion or recommended action. I keep a separate notebook for this purpose.

Interviewing panels

Members of an interviewing panel sitting round a table should each be identifiable to the candidate by a nameplate in large letters which also indicates whom they represent. (Nothing elaborate is required—a folded piece of stiff paper and a felt pen is all you need.) Unless they are all well known to each other, the chairman should be given a seating list of the committee: if this is not provided he should make his own. He should ensure that all members of the interviewing committee and any administrators in attendance know each other.

The chairman of the panel should indicate how he proposes to conduct the meeting and, in my experience, the fairest way is to withhold discussion about any of the candidates until all have been interviewed. The chairman should also indicate for how long he expects each candidate to be interviewed and that he hopes the business will be finished at a given time. If the usual procedure is not known, arrangements should be made with administrative officers to ensure that the candidates arrive at intervals of 20 to 30 minutes. After agreement on procedure the first candidate is summoned.

Introduction

If it is not practicable for the chairman of the panel to welcome the candidate with a handshake, he should at least stand up

when the candidate is brought in and invite him to be seated. If I am chairing the panel, I then usually say to the candidate, "You probably know most of the members of this committee, but just let me introduce them to you" and proceed to do so.

With a committee interviewing many applicants it is advisable to identify each individual—"You are Dr X and you are applying for the post of registrar in psychiatry at Y Hospital." The candidate should be asked if there is anything that he wishes to add to the information already provided in his curriculum vitae, and if he has read the job description of the post.

The chairman should then invite each member to question the candidate in turn. Before attending an interview, a sensible candidate will have visited the department or hospital where the job is situated and will have discussed it with any staff or administrators who may be on the panel. Indeed, they may have made an order of preference of the candidates before the interview.

In weighing up the suitability of a candidate it helps to have a numerical scale. The items to be scored vary according to the post, but could include personality (empathy); service, teaching, and research experience; specialist and administrative ability—these may be subdivided as necessary—and each scored 0-4. In the case of general practitioners the items to be scored should also include premises, organisation, attachments, partners' share of work load. It is also worth making a note about the applicant's appearance to help remember him later.

Questions

There may be missing information in the curriculum vitae—for example, gaps between jobs—and this should be picked up first by members of the panel. If not, the chairman must fill in these gaps at the end of the interview. For most candidates an interview is usually a trying experience, and nothing is gained if you start by embarrassing them with a question such as, "What is the biggest mistake you've ever made, Mr A?" Such a question could come later when the candidate has developed a rapport with the panel.

The questions asked should be aimed at finding out attitudes, experience, and suitability and should not take the form of a viva for a higher degree, which the candidate may have passed recently: this, of course, does not mean that clinical questions or recent work should not be discussed in moderation. We all have favourite questions. I like to ask candidates where they see themselves in five or 10 years' time and also what research they would do if they suddenly received a large grant and technician help—"What is the one thing you would like to discover?"

After the questions have gone round the table the candidate should be asked if there are any questions he would like to ask the chairman or any member of the panel, and after any further discussion the applicant is thanked and usually asked to wait or told that a decision will be made immediately and that he will receive a letter in a few days. The procedure is then repeated with the next candidate, but changing the order of the panel.

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Evaluation and selection

After all candidates have been seen I prefer that the suitability of the candidates should be discussed before looking at their references. The chairman should ask committee members if there are any candidates who should not be considered further and, if there is agreement, he should then invite a senior and experienced member of the panel to sum up the qualities of the remaining eligible candidates: after that, the other members are invited to contribute their opinions.

The chairman should then ask for the references to be read and read between the lines by the panel. (References are confidential and should not be circulated.) Some referees may be very spiteful and some give little information. (I was told that all the references given by Einstein were the same and said only "AB is in the running for a Nobel Prize.") Panel members can also give the references a numerical weighting. After the references have been read the chairman should invite one of the senior members of the panel to put the candidates in order of merit. This is then discussed in turn by each member of the panel and, if agreed, the job is finished. If there is no clear agreement, there will have to be further discussion. It is best to try to achieve unanimous agreement and it is better to make no appointment than choose a second-rater without unanimous support.

If no appointment is made the chairman may then, in some circumstances, ask for suggestions for individuals who might be approached to apply for the post; otherwise, instructions are given to readvertise it.

If one of the applicants is recommended for appointment, he is usually invited back to the committee room, congratulated by the chairman, and starting dates and so on may be briefly

discussed, but details should be left to the officers of the committee to arrange outside the committee room.

Minutes and manners

A minute of the meeting should be kept with the names of the candidates interviewed, the membership of the committee, and the result.

You should not drink tea or coffee in the middle of an interview; if need be there should be a recess and you should make sure that the candidates are also offered refreshments.

All matters of an appointments committee should be confidential, and it is often best to leave *all* papers with the committee secretary for destruction.

Epilogue

Sometimes one of the candidates with the highest "score" fails to get the job because he or she is too good or too specialised: sometimes an otherwise excellent candidate is not appointed because of lack of experience in some special requirement. In these and other special cases the regional postgraduate dean (if he is a member of the committee) or one of the consultants should informally let the unsuccessful candidate know that, although he was the committee's first choice, he failed to get the post because of some particular reason, and if this defect could be remedied he should consider applying for a similar post, then, wish him success in the future.

Eventually this series will be collected into a book and hence no reprints will be available from the authors.

Epidemiology for the Uninitiated

Outbreaks of disease

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Although communicable diseases have declined in industrialised societies, outbreaks of diseases such as influenza, gastroenteritis, and hepatitis are still important causes of ill health. During the 1957-8 influenza epidemic, for example, the death rate in England and Wales was 1 per 1000 population above the seasonal average; an estimated 12 million people developed the disease; and the work load of general practitioners increased fivefold.

New kinds of epidemics have replaced communicable diseases as major causes of death. Ischaemic heart disease, lung cancer,

and traffic accidents are among conditions producing present-day "slow" epidemics. Untoward effects of new medication are a new source of epidemics; explosive outbreaks of disease have resulted from chemical contamination of food; and, from time to time, hitherto unrecognised diseases such as Lassa fever and legionnaires' disease appear in epidemic form.

Communicable disease outbreaks

In outbreaks of common communicable diseases such as gastroenteritis and hepatitis it is the clinician who must initiate the appropriate investigations. The routine for these investigations is also the model for studying non-infectious disease epidemics.

At the outset it is necessary to *verify the diagnosis*. Three patients with halothane-induced hepatitis were recently referred to one university hospital. Investigation of an outbreak of infectious hepatitis was begun, presumably because the clustering of cases gave an impression of infectivity and unduly influenced the physician's diagnosis. With some diseases—Lassa fever, for

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