How to do it

Be interviewed

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Though not exactly taboo, interviews are rarely dissected in polite conversation. Interviewees are inhibited by modesty or embarrassment from giving detailed accounts of how they succeeded or failed, and interviewers usually confine their analysis to the enigmatic conclusion that a certain chap did or did not "come over well." Attempts to define in writing the mechanics of "coming over well" are few,^{1 2} partly because the art is even more difficult to describe than to perform, and partly because doctors—unlike, say, business executives—seem to feel that preparing for an interview is rather ungentlemanly, like practising at snooker.

For me, being interviewed is now a distant memory and a vague prospect, but like all registrars I am an interested observer of the tactics used in the battleground of self-advancement. I have rejoiced with the victors, suffered with the casualties, and eavesdropped on the generals. All of them take interviews seriously. Some candidates may face the committee better armed than others, in terms of qualifications and experience, but no interview is a mere formality. Where there is a "sitting" candidate he very often has an appreciable advantage, but even the most popular of home candidates courts disaster if he ignores the rules of the game.

A heterogeneous committee

Appointment committees for hospital jobs vary in size, tending to become larger along the journey from student's bench to regius chair. "Guidelines" exist about their composition for lower-grade posts, and there are statutory regulations at consultant level, but in general the committee will include representatives from each hospital concerned, a member from another district, a lay person and (for higher appointments) a strong contingent from the local university, and someone from the royal college concerned (or, in Scotland, from the National Panel of Specialists). The meeting is arranged by harassed administrators in personnel offices, and the chairman may have little idea of who his fellow selectors are until a day or two before. As well as representing different interests the members often vary greatly in seniority: how can the candidate impress such a heterogeneous group?

A few generalisations will apply. While we might not agree with the exasperated reporter who once told me "doctors are boring," we would admit to being quiet and conservative by most people's standards. It is axiomatic that interviewees should dress soberly without gratuitous flamboyance—such as suede

shoes or bow ties—but avoid looking like a cardboard cut-out; a useful compromise might be the shameless wearing of a club tie—ideally, a university blue—to serve as a conversation starter. This is recommended only if the candidate is entitled to wear it.

The committee will appreciate a professional demeanour, articulate thinking, and audible speech. The paralysing effects of adrenaline on brain and larynx are well known, and the interviewee has to overcome his inevitable nervousness as best he can without resorting to propranolol. The advice of one consultant surgeon is, "Go in looking as if you're going to enjoy it"—though, of course, you need not enter like a soprano taking an encore at Covent Garden.

Questions and answers

Answering the questions themselves is simple. All the candidate need do is to project the right mixture of confidence (without bumptiousness), charm (without sycophancy), intelligence (without being overpowering), good humour (without hilarity), enthusiasm (without recklessness), honesty (tempered at all times with tact), and maturity (without senescence). Answers should be neither brusque nor loquacious. Balance is all. Advice like this trips too easily off the typewriter, and it might be more useful to give examples of specific questions. Candidates for junior posts will be asked in which direction they see their careers developing and why. Candidates for lecturer posts will be asked if they hope to become professors. Women candidates will be asked quite pointedly about the role of women in medicine. Candidates who have switched specialties will be asked about the role of orthopaedics in psychiatry, or whatever the relevant change was. Most committees will ask about research that the candidate has done or intends to do. These are bread-and-butter questions and the way to get them wrong is to look as if you are working them out from basic principles without ever having thought about them before.

Interviewers are interested in what makes a candidate tick. It is not unknown for interviewees to be asked if they smoke, or whether or not they go to church. Surprising importance may be attached to hobbies and interests outside medicine. The committee wants the candidate to reveal something of his personality, and so he should take the opportunity to talk frankly about his virtues.

There may be trickier questions intended to impress the rest of the committee with the questioner's sharpness as well as to test the candidate. Interviewers rarely admit to trying to stress their victims, but if the people on the short list seem identical in competence and pleasantness it is surely reasonable to identify the best performers by asking them to do difficult tricks. "What is your weakness?" "What is wrong with your present job?" "If you were given unlimited funds for any kind of research, what would your priorities be?" There are no right answers to the heavier questions, but the candidate who makes a tart or glib reply, or who loses his temper with what

seems to him a silly question, is unlikely to be rewarded with a spontaneous round of applause.

Putting yourself across

In times of difficulty I have found that platitudes often reveal their deep meaning, and I would be failing in my duty if I did not include some hackneyed advice. Be courteous throughout. Be absolutely honest: it is futile to attempt to put over an insincere impression. Memorise what you have written in your curriculum vitae. Look as if you are interested in that particular job, and don't give the impression that you are there simply because you want promotion. It goes without saying that you will have visited the department before the interview. If you ask a question at the end, it should be about facilities—not about pay or holidays.

To the interviewer, the interview is a civilised little chat designed to let the candidate bloom like a rose after rain and reveal all his talents. Interviewees, however, are acutely aware that Darwinian laws apply to pyramidal specialties. They should remember that the interview is not in fact a battle for survival but a courtship ritual: for the unsuccessful suitors there will be other, often more attractive, opportunities, and for the lucky winner the hard work is just beginning.

References

- ¹ *Lancet*, 1949, **1**, 34.
- ² Stewart, R H M, *Lancet*, 1971, **1**, 127.

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

A Modern Epidemic

Accidents—speed and the road environment

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Three drivers were arrested for reckless overtaking within a short space of time.¹ They were afraid of being late, they all explained, for the funeral of a colleague—a business executive who had been driving at high speed to keep an appointment and had crashed while recklessly overtaking.

Speeding is commonly a response to the pressures of society and to the self-imposed pressures of people's life style. But it also provides excitement, and the sense of power and freedom.¹ No road safety campaign could do much about any of these motivations. Moreover, speeding is encouraged by better roads, whose benefits may then be partly cancelled out. Traffic engineering can help to reduce the hazards, offering better and certainly more immediate prospects of road safety than attempts to change behaviour.

Speed

In the Berkshire "on-the-spot" survey driving too fast for the road conditions was second only to careless driving among the factors in accidents.² Some people believe that it is not speeding as such that makes for accidents but the errors that may accompany it. Most motorways, in spite of high speeds, have the lowest rates, even for fatal accidents³—but they allow uncomplicated driving with plenty of space, few intersections, and relatively homogeneous speeds. Drivers going much faster or more slowly than the average on a particular road have turned out to have the most accidents⁴; but is this a matter of cause and effect? An American study cited in this report suggests that it might be. At all events, speed, even with the best drivers, allows a smaller margin of error where fractions of a second may be crucial. And when high-speed accidents do occur they are far more serious, indeed often fatal.

SPEED LIMITS AND SIGNS

"Everything gets faster except the speed of man's reactions," said Bauer, arguing for the reimposition of speed limits in built-up areas in West Germany.⁵ Their abolition in 1953 in West Germany and their reappearance in 1957 were reflected dramatically by increased death and injury rates.⁶ But speed limits have a variable influence on speeds.

In Britain there were two periods of restricted speed limits during the fuel crisis of 1973-5.⁷ During the first period accident rates were significantly reduced on roads normally having the higher limits; reduced rates persisted even after the usual limits had been restored. The second period saw a slighter and briefer reduction in accidents, and it actually began before the start of the lower speed limits. The drop in accidents could not be explained just by the reduced traffic. But drivers were unusually motivated to keep within the speed limits, especially at the beginning of the crisis—they wanted to conserve fuel because of the shortage of petrol and its increased cost.

Pleas are sometimes made for lower speed limits as a permanent road safety measure. But existing limits are widely ignored. Indeed, the more unrealistic the limit the more likely it is to be broken, and the police themselves favour higher limits where the present ones are inappropriate to particular road conditions. (Speed checks by the police have a powerful deterrent effect but this is localised and temporary.) In the Greater London area raising unrealistic 30 mph (48 kph) limits has no appreciable effect on the speed of traffic or the accident rate; but here the density of traffic tends to restrict speed anyway. A survey of men drivers⁸ showed that, though they claimed to accept speed as a cause of accidents, breaking the limits was not in itself seen as a serious offence. They accepted the principle of speed limits but were critical of those that took no account of changing traffic conditions.

In this sample of drivers some wanted more speed limit signs, pointing out that these may easily be missed. A Finnish study found that recently passed speed signs had not registered with