Letters to a Young Doctor

Interviews: what happens

PHILIP RHODES

The time will come when you are asked to go to the interview room. Some deep breathing just before and while you are on the way there may help in calming the nerves a bit. A good administration would have provided in the waiting room a table plan, giving the names of the interviewers and whom they represent. There will be a chairman, who may or may not be a layman; some consultants, not necessarily only those with whom you will work if appointed; and often a university representative. The plan should also be in front of you on the table when you take the candidate's chair.

Look to the chairman, who will be at the head of the table, or in the middle of one side of it with the panel on either side of him. He will ask you to be seated and will open the proceedings. You will naturally look around the table to see if you can see a familiar face. All should be well if you have a table plan in front of you. If not, then the chairman should introduce himself, but may not do so. The more foolish among chairmen then introduce each member of the panel in order. You cannot possibly remember all their names though try to if you can, but do not waste much effort on it. Alternatively and better, the chairman will introduce each member of the panel as he comes to ask you questions. You at least have some chance of remembering the name of the person speaking to you. But do not worry too much about this. All the members will know what an ordeal it is to sit in the candidate's chair. They will have been through it themselves on many occasions. Only the pompous ones will expect you to know or remember their names, and perhaps you would not wish to work for them anyway. Nevertheless, it is a plus point for you if you do know names and what each person does.

There will always be an administrator in the room. He may sit a little away from the panel or close to the chairman or at the end of the table and will not normally be concerned in the questioning, except perhaps at the end. Be prepared for this since it may be disconcerting to turn to your next questioner and find that he is not included, so that you have to switch attention to someone else.

The order of questioning may vary. Sometimes the chairman begins and sometimes he will pass the question on to someone else, usually on his immediate right or left. Thereafter the questioning will usually proceed in either clockwise or counter clockwise fashion, but it may begin anywhere. The reason for this is so that each member has a chance to be first in play. If the order of questioning is always the same then each member of the panel is left asking the same questions of each candidate, and the chap at the end is left with very little to contribute. You have to remember that as well as you each member is putting on a performance. There are tensions and anxieties among the interviewers as well as in the person being inter-

viewed. One or other of them may be plugging for a particular candidate without saying so at the beginning of the interviews. He has to watch for the right opportunities and questions to make his choice appear in the best possible light. He has no idea how others on the panel will respond and so may pick his way carefully.

Questions

The panels I have been concerned with, either as interviewer or candidate, have been invariably courteous, and I believe that this will be your experience too. If you have difficulties in understanding a question say so, and ask for it to be put some other way. Questioners are not always very adept at phrasing what they mean to say.

The first few questions are designed to set you at ease. They will take you through your curriculum vitae, checking on your entries about where you live, your family, your qualifications, and your medical school. Some chairmen may ask you if there is anything you wish to add to your application, but nothing much is meant by this and the usual answer is no.

After the preliminaries the major questioning begins from the information that you have provided. You will be asked about prizes and any unusual things you have done. Someone will ask about your clinical experience and what it has comprised. There may be specific questions on techniques that you have mastered, and what you have not done which might be thought relative to the job you are applying for. Be honest and do not try to fudge this. If you are appointed your consultants will wish to know what they can safely leave to you and what they must at first supervise. Questions will probably come up about research, teaching, and administration. Do not forget articles you have written or their main content, or those with which you have been associated. Before the interview skim through your papers, if any, to remember what they are about. Sometimes you may be asked which of your publications you are most proud of and why.

Panel members whose turn comes at the end may feel that there is nothing left for them except to ask about your hobbies and interests. Some silly ass may ask why you want this particular job. If you have a good reason, state it. Otherwise you are left with saying that it is a nice hospital, with nice people in it, and it is in a pleasant area. You can see how artificial this may be, but the answers will not weigh much in the balance.

The chairman may have a few questions at the end and should invite you to ask any questions you wish of the panel. This is a testing time. You ought to have found out about things that made you anxious before the interview. That is a good reason for looking at the job description with care and for visiting the hospital. I have seen promising candidates be dismissed from consideration because they take this moment to ask about units of medical time, or time off duty, or married accommodation. These may make the panel think that you are more concerned about these than about the job and that if you are critical about units of medical time or time off you might refuse the job if it were offered, or that you will bind on about the iniquities of the

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job if you get it. It is not that these matters are not important, but few of the professional members know much about them. The administrator may be able to help here. The interview is probably not the right time and place to bring up these matters. Either bring them up before the interview or accept the post if it is offered and start negotiating about pay and conditions afterwards. On the other hand, inquiring about study leave is often welcomed. The panel will be pleased to know that you wish to study and pass examinations.

A final question is usually when can you start in the job if it is offered. The advertisement or the job description should tell you when they wish the incumbent to be in post. You might not be able to meet this deadline because your present post may not end in time or you may not be able to give sufficiently long notice of quitting the post. You might wish to take a holiday before taking up the new post. This may be desirable, but if you really want the job you may have to be prepared to sacrifice this, at least for a time. Consultants hate to be without junior staff for weeks on end, and they may be unable to find a locum to cover your duties. On the other hand, they may have a locum in prospect and be glad of you arriving somewhat later than the expected date. Try to sort out when you can start so that you are ready for these questions. Try also to be decisive—if you need a lot of time to think about it, or if you must consult your spouse or delay in any way, the job may very well go to someone else who knows his own mind.

The decision

When all the interviews are over you will have to wait with the other candidates while the panel deliberates. You can afford them a little sympathy at this time. It is not easy to choose one out of, say, four or five good candidates. With rare exceptions almost anyone on the shortlist could do the job and give satisfaction. So it is a question of choosing the best from among the very good. Each member of the panel usually appraises each of the candidates in turn. One may suggest that one or two are not suitable, and if the other members agree they are not further considered. Then come the pros and cons of each of the candidates, given with varying emphasis by each member. The references may be read again (they will have been seen by the shortlisters or read during the interviews) to help in making the choice. On the assumption that experience and qualifications are adequate for the job then all sorts of other factors are dragged in—relevant and irrelevant. Here personal impressions count so much. That is why I mentioned earlier dress, hair, cosmetics, manners, courtesy, and general behaviour, since when all the candidates are so equal who gets the job may hinge on these apparently extraneous factors.

The fortunate candidate will be asked to return to the interview room, usually by the administrator. You will be asked to take the candidate's chair again and the chairman will formally offer you the job. If you accept, this should be binding on you, at least morally. It is maddening when a candidate accepts a post and then rings up a day or two later to say that he will not come, perhaps because he has taken another job elsewhere. The wise chairman indeed will always ask whether you are in for any other posts. If you are, you must offer to withdraw your application if you want this job. If you are not prepared to do this the panel knows that you will keep them hanging about and will take the other post if you are offered it. They will not normally accept this and quite rightly will say thank you, dismiss you, and the job will go to the next in line.

If you are one of the rejected candidates do not rush away too quickly. The chairman may wish to see you all and reiterate thanks for coming. Sometimes the postgraduate dean or someone else will see each of you to offer career advice, or suggest that your application could be improved, or that you might change your referees because one of them has not been too complimentary. Sometimes a good candidate may be told of other

similar posts coming up nearby in the same region, and sometimes a suitable locum post may be offered. Meanwhile, in the interview room the successful candidate will be receiving congratulations. The consultant in charge of the post will begin preliminary arrangements about taking up duties. It may be well to contact the administrator to begin negotiations about accommodation, for example.

The interviewers, who are mainly doctors, are usually pleasant, ordinary, courteous people. Regrettably, there are exceptions, but they are few. The interviewers are not conducting an examination but are trying to gain an impression of you as a person with whom they might work, preferably happily. They do not expect miracles of experience, research, and other things of junior doctors, but they do like pleasing personalities around them. Furthermore, they want hard work, motivation, enthusiasm, kindness, reliability, communication, ability to recognise clinical limitations, and a host of other desirable characteristics. They hope for paragons and are always disappointed, but the nearer you are to being a paragon the better your chances. This demands a high degree of self analysis and of awareness of your effect on others and means treating them sensitively, with courtesy and consideration. This is what is meant by "getting on with people." If you do then interviews should go well, and they may give an index of your likely behaviour towards patients. This is always of great concern to those likely to employ you.

The interview as a tool for selection has many detractors. The arguments are familiar: there is too little time in which to make an assessment; the wrong questions are asked; the candidate does not have an opportunity to display his positive characteristics, but only the negative ones are picked on. How can you measure and compare the experiences of individuals? How can you be concerned with such inessential trivia as dress, appearance, and behaviour? The list of doubts about interviews is endless, yet nobody seems to have thought of a better way of selection. You therefore have no choice but to abide by the rules of the interview. These may be arbitrary, so that you do not know in what sort of game you are playing. There is little to be done about this until interviewers themselves become more professional—and chairmen, too. Thus whether you are successful or unsuccessful as a candidate you can remember and learn, so that when in your turn you are an interviewer you will always act with kindness and courtesy and have properly considered what your role should be and how to play it. This is what you have also done as an interviewee. If you have not done so it might explain why you are not progressing as far and as fast as you would wish.

The emphasis in these two articles has been on interviews for hospital posts. The principles apply also to general practice. There will be interviews for vocational training courses and for applications for senior house officer posts. There may or may not be greater informality when general practitioners interview, but this is not to be relied on. Prospect the ground just as carefully and with due consideration, as has been suggested for hospital posts. It is never time wasted and may pay the dividends you would wish.

Next I shall discuss the special concerns of women doctors and overseas doctors.

Do people suffering from Down's syndrome have weak neck muscles and should they be advised not to use trampolines?

There is a well recognised association between atlantoaxial dislocation and Down's syndrome that almost certainly reflects the degree of hypotonia and not muscle weakness in this condition. Nevertheless, I think decisions on whether or not to discourage trampolining for people with Down's syndrome as well as the non-handicapped should depend on other considerations, such as age and competence.—JOHN WILSON, consultant neurologist, London.