Is a job application a jumble or a jungle?

Susannah Slaiman

Four candidates are gathered in a room full of anxiety. Three of them are wearing their best shirts, their newest socks, and they all changed their ties at least four times before leaving home. All three of them burnt midnight oil over the *Medical Directory* in order to find out that they are passionately, obsessively interested in the treatment of perianal dysesthesia (Dr Sigmoid) and the neurological manifestations of Bassen-Kornweig disease (Dr Taxia).

While they await their overdue interviews they conduct a brittle but civilised conversation, trying to assess the competition.

"They said part 1 preferred . . . have you . . . ? Oh, you haven't. No, neither have I. Oh, have you? When are you doing Part 2? Where are you from? Oh, you must know . . . ?"

The fourth man is rather quiet, but he doesn't seem to be much of a threat. He's very shabbily turned out, not quite corduroy, but definitely not pukka Marks and Spencer either, and his shirt has been ironed only along the sleeves. He has an oddly furtive mien, which becomes more marked when one of the others tries to draw him into the group.

"Terrible place to find isn't it? They're not going to like it when I put in my mileage claim. Did you have far to come?"

"Oh well, no, not exactly."

"Where are you working?"

"Er, well, here actually." An IC (internal candidate); silence falls over the room. The other three sit musing on other, more productive things they could have done that afternoon, such as having a really good go at their toenails.

. . . "This advertisement is for cosmetic purposes only."

Of course, the IC barrier often rears itself much earlier in the application process. My husband recently asked for an application form for a job advertised in the *BMJ*. First he wrote, then he telephoned, then he telephoned and wrote again. It's in the post, said medical staffing. We'll send you another, they conceded. You still haven't got it? Oh dear, we'll send you one first class.

No application form arrived. He wrote to the consultant for whose job he had applied.

"Dear Dr A Taxia," he wrote, "I understand from your secretary that you are holding interviews this coming Thursday for the SHO post in neurology. I would very much have liked to apply for this job." He explained

about the fruitless letters and telephone calls to medical staffing, and concluded, "please forgive me for bringing this matter, which is important to me, to your attention."

Dr A Taxia did reply. The day after he had finished interviewing, he wrote

Dear Dr Slaiman,

Many thanks for your letter of 8 May. I was sorry to learn that you had experienced difficulty in obtaining an application form for our SHO appointment in neurology (sic). I have spoken to the responsible parties in medical staffing, who assure me that applications were sent to you on more than one occasion. . . . There have been many similar complaints—during the last two weeks seven other potential applicants have failed to receive forms sent from the staff office here.

Although, in general, one has absolute reliance in the British postal service I feel that the statement from the medical staffing office here is likely to be true since the senior person involved is extremely experienced and reliable. . . .

Kind regards

Dr A Taxia

Physician in charge

Seven other potential applicants. How lucky that there was one chap who was able to get hold of a form. Of course, it's much easier if you can just slip into the medical staffing office in person during the lunch break.

Some job advertisements carry little captions, such as "Working towards equal opportunities." Please would certain advertisers clarify the position by adding "This advertisement is for cosmetic purposes only."

Susannah Slaiman is from London

MEDICINE AND THE MEDIA

Health Liaison Unit, Lambeth Council
Coping with AIDS

How to care for people with HIV and AIDS

As the numbers of people with symptoms of HIV infection increases the community must be prepared to meet their medical, social, and psychological needs. Lambeth Council's Health Liaison Unit, in association with the Terrence Higgins Trust, are to be congratulated on the timely production of a video based training package for people who provide services for patients with HIV infection and full blown AIDS. The package comprises an hour long video, in which people with AIDS tell their stories, and a comprehensive teaching manual. It is designed for use by trained workers who can develop the issues raised with trainees.

The introduction to the manual gives

helpful advice to trainers about the presentation of the package, including details of seating arrangements and selection of excerpts from the video. Part one concentrates on the reactions of people who have just been diagnosed as having HIV infection, and shows important aspects of counselling. In the manual excerpts of the dialogue are used to highlight issues that should be developed further by the trainer. Pauses in the video offer opportunities for discussion. Issues include the vexed question of who to tell, parents' reactions to the news that their son or daughter is infected with HIV, fears of transmission of the virus through social contact with relatives, and coping with lovers. The package suggests exercises to further the audience's understanding of the difficulties confronting people with HIV infection. My only criticism concerns the lack of detail about the increasing number of intravenous drug misusers with HIV infection.

The second part of the video examines the experiences of four people who have serious HIV related disease. It gives valuable insight into various aspects of hospital and community care. By listening to these people the

potential carer can learn about their fears and the best way to cope with particular situations. This theme is developed in part three of the video, which includes interviews with two men in the terminal stages of the illness, emphasising the progressive nature of their disease and their changing attitudes. Because many people with terminal disease wish to spend the remainder of their lives at home the video shows important aspects of community care. Although this part of the video can be disturbing, people who wish to help terminally ill patients must be aware of the potential stresses. The brave, positive attitudes of the two men is greatly encouraging.

The package is not intended to detail the medical management of people with HIV infection, but sufficient information about clinical features and available drug treatments is given in the manual. Emotional support, confidentiality, financial assistance, and housing are discussed in some detail.

I recommend this unique package (with some reservations), for training people who wish to help manage patients with HIV infection. — A McMILLAN, *consultant physician in genitourinary medicine, Edinburgh*