



TIPS FOR IMPROVING INTERVIEW TECHNIQUES

THE BASICS

Your upcoming interview is of critical importance in getting a job as a senior resident or registrar, which is likely to be the starting point of your future career. It is difficult to overstate the importance of the interview! Of course, you need a good CV to get the interview in the first place, and all things being equal, the best CV should get the job (and by “CV” I am referring to your record of achievement, not how professionally produced the document is). However, *making a good impression at interview, can overcome a weak CV.* Referees reports are also important, but often, these are only used to validate the impression gained at interview.

Therefore - *it is important to present yourself in the best possible light.* These first set of tips in this regard are just common sense.

- Present professionally (well dressed & groomed)
- Be on time (Allow for travel time and parking). Know who to contact if you are unavoidably delayed
- Allow for the fact that your interview may be delayed if the panel is running behind time
- Be organised (have a copy of relevant documents with you including the position description). Make sure you have the relevant identification with you and anything else required by the application documentation
- Be respectful of the panel

It may be frustrating that while the whole process from your perspective may seem chaotic, you are still expected to treat the process “with respect”, but that is the reality, and the minute you give any suggestion that you are not taking this seriously, you’re gone. Try to remember that the people who are interviewing you may have been interviewing 20-30 people per day for several days. They are likely to be tired and drained, so you need to try to make yourself stand out, but for the right reasons.

NB: If you are **unavoidably** late for an interview – try not to stress. At this time of year most panels understand the logistics, generally try to be flexible and can usually shuffle things around. However, if you are late simply because you didn’t plan well, it will always leave a poor impression, so plan ahead. The words “*I didn’t realise how long it would take to get here*” should NEVER cross your lips



PREPARATION

Perhaps the biggest mistake in interviews is lack of preparation. It's tempting to think that because some panel member may know you, or that you are well known around the hospital, that all you need to do is turn up and have a chat.

This is **WRONG**. Firstly, you usually won't know everyone on the panel as there should always be an "independent" panel member. You've got to convince the people you don't know even more so than the people you do. Secondly, this is a serious business and a panel will always reward the people who have made an effort, *and take offence at those who have not* (and it's really easy to tell at interview who has and who hasn't).

This is NOT a chat – its serious!

Appropriate preparation for an interview involves:

- Thoroughly reading and understanding the job description and selection criteria
- Talking to people who have done the job already (allowing for the fact that the job may change over time and it's the boss's opinion, rather than the employee's opinion, about what the job should be in future, which is most important)
- Talking to the people responsible for making the decision – ie the Directors of Training, or the Dept Head, or RSU, depending on the job. Do not worry that you are wasting their time or bothering them. Indeed, your failure to do so may cost you the opportunity of an interview in the first place. *This is even more important if you are applying for a job at a different hospital.*
- Understanding the immediate context/environment of the job – what do you know about the Department or the Hospital in general. What are they famous for? What are their research interests? Do they have a national / international profile? Check out their website. You don't need to know a lot – just don't be completely ignorant
- Understanding the broader context/environment. Is there anything going on at a policy/political level that you ought to be aware of. A quick scan of the Hospital website, NSW Health , College, Clinical Excellence Commission (CEC), HETI, Agency for Clinical Innovation (ACI) websites might help a little. Are there key developments in your field of interest? This is probably less important for RMOs, but becomes more important the more senior you become
- Try to anticipate the questions you might be asked and have some pre-prepared answers which you have practiced. The questions you will be asked at interview should relate to the selection criteria, so study these carefully and ask yourself what questions they could ask which demonstrate how you stack up against these criteria.
- Have a store of individual personal examples or vignettes which illustrate your ability to satisfy these selection criteria.



BUT - Practice and refine telling these anecdotes.

Too many people spend too long setting up the clinical context, before getting to the point of relating the anecdote to the question / selection criteria

- Practice being interviewed with each other. Nothing beats being put on the spot and having to think on your feet. You will improve significantly after several attempts. For the same reason – assuming you end up being invited to several interviews - try to plan your personal interview schedule so that the job you most desire is NOT your first interview. In other words, use the less critical interviews to iron out the kinks.

AT INTERVIEW – TOP 5 TIPS

1. ANSWER THE QUESTION

Because you'll have practiced for this interview you will probably recall answering questions which sound like the one that has been asked. It's easy to fall into the trap of answering the one you've practiced and ignoring the fact that the question asked was subtly or even substantially different.

To avoid this, it's always useful to repeat back the question. "So what you asking me is ..."
This is particularly the case for clinical questions where you've been asked to remember clinical details, but equally valid for any question.

Sometimes you might have the sense that you are going down the wrong track, but you're finding it hard to get any indication from the panel. Don't be afraid to ask, e.g. "...I could keep talk about this at length, I just wanted to check that this is what you looking for"

Conversely, try to stay attuned to the panel redirecting you. Often times they will try to steer you in the direction of what they were interested in and you need to be on the lookout for this and let yourself be guided.

Multi-part questions are poor practice on the part of the interview panel but they crop up frequently. It is perfectly reasonable to jot down a few dot points as reminders when the question is overly complex (so have a pen and paper available), and you should feel comfortable to ask to be reminded about a question during the process of responding: "...so I think that covers the first half – could you please just repeat the second half of the question again?" And a tip for multipart questions is to answer the bit you are most comfortable with first. You may be lucky and they move on to the next question, in the interests of time, before you get to the 2nd part.



2. BRING ENREGY TO THE PRECEDINGS

If you look bored or tired or flat, it is so much harder for you to be memorable when, at the end of the day, the panel is trying to distinguish between all of the candidates they have interviewed.

You need to add energy to the interview.

You need to look enthusiastic – like you’re happy to be there, grateful for the opportunity and keen to let the panel get to know you. This will involve

- Smiling – a simple form of human contact but amazing what a difference it makes during an interview
- Making eye contact - same thing. Staring into the middle distance or at the table is very noticeable when you are on the interview panel. When you are practicing being interviewed, consciously attempt to look at each member of the panel at some stage during each question. If you know them, try to address panel members by name (“Thanks for that question Dr Baker ...”)
- Modulate your voice – avoid talking in a monotone and try to use emphasis for points you think are important
- Energy doesn’t mean simply talking fast. Speak clearly and slowly – it is better to make a few points clearly and deliberately than to race through a lot of points. Ultimately you need to do what feels natural for you, but during practice sessions, experiment with different talking speeds and consciously try slowing down a little and adding emphasis to see how this feels.
- Engage the panel – try to make them like you. Don’t be afraid to reveal a little of your personality / personal life. You want to be able to present as a fully rounded human being - not candidate 17 out of 26
- Let them see your passion and enthusiasm, particularly for the job that you’re applying for but for other things as well. Enthusiasm can be infectious.

BUT... you can cross the line, so be aware you can be overly familiar – and you should watch out for this, unless you’re encouraged by the panel to do so.

When you walk out of the interview you want the panel to be thinking “they’d be great to work with” and not “that was hard work”



3. SELL YOURSELF

Perhaps one of the hardest but most important aspects of the interview is to sell yourself. Your job is to convince the panel that you are the best person for the job. To give them as much evidence as possible to draw that conclusion.

- Never assume that your record speaks for itself. In fact, don't assume that all panel members have read your CV. They should have, but some simply haven't had the time. So, it's up to you to highlight your achievements.
- Never adopt the attitude that you'll just turn up at interview and leave it to the panel make the decisions about who is the best. You need to believe in yourself, to convey this to the panel and to leave them no option but to choose you.
- Think carefully about your most impressive selling points and then think of ways you can slip these into your answers - no matter what the question (if you watch the news, our politicians are masters of this sort of pivoting, though you should be a little more subtle)

Often the hardest thing is working out what you are best at, but this has to be genuine and until you can convince yourself, you'll never convince anyone else. It doesn't have to be flashy. When you stop and think about how to sell yourself, you will realise that while clinical acumen is important – it is not the only thing. You will find yourself emphasising issues like communication, empathy and connection with patients, reliability and integrity, teamwork, time management and organisation, self-reflection, problem solving/trouble shooting skills, your professional and ethical framework as the things which make you stand out. And remember, these attributes don't always need to be demonstrated by reference to clinical situations - they may be demonstrated through other aspects of your life experience. When you are thinking about your top selling points try to focus on what you believe makes you special more so than what you think the panel wants to hear.

It's good practice to try answering the question *“why are you the best person for the job”* for a full 15 minutes. Even if this question doesn't get asked, you'll always be able to use parts of the answer in other questions. It often feels strange, having to “sell yourself” and trying to make out that you are special, while retaining an appropriate degree of humility. But *underselling yourself at interview is usually the bigger problem than overselling! I have seen too many people with great selling points, walk out of an interview without mentioning them.*

Can you fatally oversell yourself?

Yes! Self-confidence is good but the minute it tips over into arrogance, or lack of insight, it will kill you at interview. You should be aiming to make out that “for your level” you are



better than average – not that you are best ever. Highlighting, for instance, that you were asked to act as a registrar and were complemented on how you did so successfully, is great. If you went on to say that as an acting registrar you were able to pick up on some of the errors of the registrar you were replacing, this would come across as arrogance and the panel would most likely be sceptical (even if it were absolutely true).

Remember that simple assertions of your capability should always be able to be backed up by some evidence.

4. USE EXAMPLES

Answering, or partially answering a question by reference to examples from your past experience is often a good technique (and can provide the “evidence” referred to in the paragraph above). It is usually something you can talk about with more confidence than a complete hypothetical, and it draws the interview panels attention to the fact that you have had relevant experience. It also tends to humanise you – by allowing the panel to imagine you in the workplace.

So, it is wise to come to interview equipped with a number of vignettes which might be able to be used for one or more questions. You know what the selection criteria are, so chose some which demonstrate the way you satisfy these criteria -ie vignettes which show your teamwork, your capacity to deal with competing priorities, with conflict in the workplace, your communication or your clinical acumen. The example needn't always demonstrate your brilliant performance in any given situation. Sometimes it is the ability to analyse a situation, learn from it and improve in the future that a panel might be impressed by.

Be aware that sometimes the question will be framed to require you to think of an example on the spot, which is another reason why it is good to have thought of something beforehand.

However, be careful with your vignettes. You are using them to prove a point – not just to tell a story. Very frequently JMOs get carried away with filling in the detail of their clinical scenario and wasting precious time before getting to the point. Get to the point quickly! Or start by summarising the take home message then launch into the vignette.

In addition to coming with pre-prepared vignettes, it's a good idea to have a pre-prepared “stump speech”, or at least a series of talking points that cover the key things you would like to tell the panel about yourself, if you were given the opportunity to do so. Often times the opening question gives you precisely this opportunity, but if it doesn't, then you will probably be able to use elements of these talking points elsewhere.



5. GIVE YOUR ANSWER STRUCTURE OR EXTEND YOU ANSWER

A structured answer is so much more impressive than rambling, or talking about the first things that come to mind. So how do you do this?

One simple method is to repeat back the question, as a form of basic clarification, then to answer the question at length and to try to wrap that up with a summary. You'll notice that this follows the principle of Closed Loop Communication – ie you're making sure at the beginning that you've understood what the panel was asking, and then, at the end, ensuring that they understood what you were trying to say.

In addition to this, can you give a global summary of your response first (to set the scene or the context) and then come back and fill in the detail? This gives a better structure to your answer: ie *"my overall response to that scenario is ... and my management goals will be aimed at the broad target of ... Now, let's look at individual steps in more detail"*. If you can't do this at the beginning of your answer try to do it at the end: eg *"So in summary what I've tried to do here is break this up in to three key steps, to manage the immediate patient safety issues, to deal with the families concerns in the short term, and then to set in train processes which will address the longer-term goals..."*

Alternatively, can you break your answer up into definable chunks, itemise them, and then talk about them one by one, in more detail? Again, this provides better structure to your answer: ie *"When thinking about time management I'm guided by 3 important principles which are (a), (b) & (c). Let me start off by explaining (a)..."* You would then try to wrap up your answer with the key points you have just made.

One of the benefits of this approach is that if you speak effectively about point (a), the panel might easily assume that you can talk just as effectively about (b) and (c) and move you on without you ever having to get there. It also means that the panel is aware that you know about (b) and (c), which they wouldn't have known if you had only talked about (a) without a preamble before they cut you off and moved onto the next question.

This sort of approach takes practice, but it can be helped by the following organising frameworks which might guide you towards some structure. You don't need to apply all of these simultaneously – they are just different approaches which might help you organise and present you thoughts.

1. **Try to think of the overarching principles** – rather than just your immediate response in that situation. In other words, show that you can think strategically and place your actions in a wider context.



- One of the most important overarching principles in almost all questions is principle of patient focus. In almost all questions you can be asking yourself – *“how should I best be dealing with the patient first?”*
 - One way to tease out the overarching principles is to consider *“how does this fit into the broader organisational context”*, does the situation imply a need to involve other staff, my bosses, the juniors the nurses. Are there implications for the Directors of Training, Medical Admin, Patient Representative, IIMs, Clinical Governance etc. Are there policies I should be aware of or consulting and applying? You may not know the details of the policy, but being aware that one exists or how to find it is important
2. **Think about the problem from different perspectives.** You will usually fall into the habit of answering as though you were the resident. So how should your answer differ if you imagine yourself as the registrar (usually this will be perspective the panel is looking for). Sometimes it’s not clear whose perspective you should be answering from (ie your current or your future role). Don’t be afraid to ask the panel for clarification.
- What about the perspective of other staff? Nursing, Allied Health, Consultants – what would they expect?
- And what about the hospitals perspective? Are there hospital policies, structures, expectations you ought to be aware of which impact on, or fill out your answer? What would “admin” expect?
3. **Which Selection Criteria are in play?** Try to work out which selection criteria are being tested by the question? Quickly run through them all in your head. If you can do this, it will probably guide you in the direction of some ideas which you have already thought through about that selection criteria. If you have absolutely no idea what they are getting at, you might still be able to get away with a pre-prepared answer addressing the relevant selection criteria.
- And don't forget a single question might be aiming to test multiple selection criteria. So, if you think you’ve answered the obvious component satisfactorily, quickly run through the other selection criteria to see if they also apply to this question.
4. **How does the response to the question change over time.** Another approach which can help add structure is to *think beyond the immediate*. You might be asked to comment on a scenario and you can describe what your immediate response might be in that situation, but what comes after that? Are there longer term follow up issues? For just about any question, if you kicked off with - *“Well there are three key considerations here,*



the short term, medium term and longer term", creating a framework off which to hang your responses, it will always sound more impressive than "Well what I would do first is..."

Extending your Answer

Sometimes its just too difficult to try to impose some structure on your answer when you're thinking on the fly. Sometimes a structure will jump out at you, but sometimes you'll just answer with the first thing that comes into your head. In the case of the latter, sometimes thinking through these different frameworks allows you to simply extend your answer rather than stopping after the first thing you thought about. So...

- *"here's the first thing that came to me ...but beyond that we need to think about the overarching principles and policy framework which govern a more generic response..."* or
- *"here's the first thing that came to me ...but apart from the implications and impact on me, we need to think about this from the perspective of the other staff and the patient and the hospital administration and what they would like to see happen...."* or
- *"here's the first thing that came to me in relation to one of the selection criteria...but this question has implication about other selection criteria.."* or
- *"here's the first thing that I would do in this situation ...but once the situation has stabilised I need to think about the more medium term and even long term responses to this issue"*

Controlling the flow

The above tips are all about you controlling the flow of the interview. It is better for you to be doing this than the panel. The more they control the flow, the more you allow them to focus on areas where you might be weak. But if a panel can see where you are going with an answer, and where you are up to, they are less likely to interrupt, giving you more opportunity to talk about the things you feel most comfortable about.

Other tips for controlling the flow include:

Try to pause a little and think before launching into an answer. Panels will tolerate silences at the beginning of your answer - certainly much better than they tolerate launching into an answer, floundering and then lapsing into a long pause.

Sometimes you don't hear the question, or it is too long and complex, or you answer the first half and forget the second half, or your brain just freezes. Don't be afraid to ask for the question to be repeated, at the beginning of, or even during your answer. Be prepared to write down the question, or at least jot down the key points.



Don't be afraid to repeat the question back, to ensure you understand what they are getting at (*"So, you are asking me to comment on what I would do if the patient..., have I understood that correctly?"*) As previously mentioned this is a good habit to get into even if you did understand the question perfectly.

If you freeze - don't panic! Ask for the question to be repeated, or just be honest- *"I'm sorry I've lost track of where I was up to, could you just repeat the question for me"* Most panels, particularly at the RMO level understand that people will be nervous and are fairly forgiving. Therefore, you can recover from a complete brain freeze. If you take a deep breath gather your wits and start again. If you say something sensible, the panel is likely to overlook the false start.

With overly complex, multi-part questions, always start by answering the bit you know the answer to – if you are lucky the panel may move you on before you get to the bits you don't know.

Be sensitive to the possibility of **talking too much** – do not ignore signs that the panel wants to move on. If you are think you might be talking too much, give the panel a chance to intervene. You might throw in at some stage: *"would you like me to go on..."* or *"I could talk for ages about this if you let me - please interrupt me if I'm going into too much detail.."*

If they are trying to interrupt - LET THEM. **NEVER** try to talk over the top of them because you have one last important point to get out.

And lastly - the glass of water is your friend. If you need to gather your thoughts, you can always stop to take a drink of water (which should be provided), talk about how dry your throat has become, then ask for the question to be repeated when you have finished.



WHAT ARE WE LOOKING FOR?

Technically we are looking for someone who best satisfies the selection criteria. But not all questions at interview relate directly to the selection criteria. This is because for most panels, the selection criteria are a somewhat artificial construct used to help articulate their model of the “ideal” applicant. Interestingly, this “ideal” has many common features across a diversity of specialties. Most Panels are looking for someone who is:

- **Passionate about their speciality.** Clinical excellence is good but usually someone who is committed and enthusiastic about the speciality, who can articulate what or who inspires them, who has done the research and knows how the department works, someone who knows what it takes to get through the training and gives the impression they can do it; these things are just as – if not more - impressive. You want to leave the impression that being a member of their club is what inspires you to get out of bed each morning.
- **Clinically – on the ball.** Good clinical judgement for sure, but also good with patients, reliable & committed. From a clinical perspective you usually need to be able to demonstrate you are safe, can be trusted with the basics, will learn quickly and you are capable of getting through the exams. You don’t need to be the university medallist.
- **Someone who will fit into their team.** Someone who is a team player, who will not get other staff members or other disciplines off side, someone who can be trusted to follow orders reliably, someone who will be happy to immerse themselves in the routines and responsibilities of the department, someone who will be loyal to, and be an advocate for the department. Someone who does not present as self-absorbed, or only interested in their own welfare . Someone who won’t drive you crazy if you’re stuck with the me for hours in an operating theatre.
- **Someone who will make their bosses life easier.** They will add value by being happy to do more than the bare minimum, they won’t leave work for others, they will happily supervise the juniors and protect their boss by triaging their problems. The boss won’t get blindsided because they forgot to pass something on. They might bring additional skills to the table, they'll help out with the bosses teaching load, they can be trusted to get things done, and will not quibble over every minute worked. Conversely, they won’t be the source of complaints from "Admin". They will not present as entitled. They will not act as though the job must be organised around their needs. Someone who is a contributor



- **Someone who is self-reflective and has insight.** Someone who thinks about how they are performing personally, how this can be measured and improved. Someone who thinks about how to make the system better and is willing to get in and try. Someone who can understand the big drivers of change, both clinically and organisationally. Someone who has an ethical and altruistic dimension to their practice.

So, if this is what panellists often have in their mind as an ideal applicant, what sort of questions might this generate?

- Why do you want to be this job?
- Why do you want to be a surgeon/physician/paediatrician etc?
- What inspired you about this speciality - who was your role model
- Why are you the right person for this job?
- Besides your clinical ability, what other positive attributes do you offer?
- What preparation have you done for this interview?
- What preparation have you done for entry onto this training scheme/to pass the exams?
- What do you think are the most important attributes required for this job?
- If you are the successful applicant, how will your role change between now and when you are doing this job?
- Have you ever been in the position of mediating, or trying to resolve conflict between members of your team?
- Why is teamwork so important in health care?
- Describe a situation where you had to take on a higher level of responsibility?
- Describe a situation where you had to go above and beyond what was expected?
- How can you audit/measure your performance now and into the future?
- What quality improvement activities have you/would you like to be involved in?
- What has been a significant ethical dilemma you have had to manage?
- Have you ever seen a problem in the way things are organised and tried to fix it?



This section is just to get you thinking. Theoretically every question should be designed to elicit a response against a particular Selection Criteria – but this is **NOT** always the case. Sometime you get questions “out of left field” because they are based around the panel’s particular perspective about the “ideal” candidate. This is just one more good reason to talk to the critical people beforehand – to find out what they value in their ideal employee.

SELECTION CRITERIA

Apart from these informal criteria mentioned above, for every job there will be 5-10 formal "Selection Criteria" specifically identified in the job description, which are intended to be the criteria against which all candidates are judged. Your responses to the selection criteria in the on-line application are one of the key factors in whether you get an interview. Once you do, the successful applicant should be the person who best addresses these selection criteria at interview. Most of the questions will be designed to test one or two of these. I’ve itemised the basic elements of the common selection criteria below.

For each of these criteria, you should be able to draw on a store of personal experiences/anecdotes which demonstrate your capacity to fulfil these criteria. When thinking about personal examples, you should be able to not only tell the story and explain how this relates to the selection criteria in question, but be able to demonstrate how you developed/benefited/learned from that example, and demonstrate that you understand how that example fits into a broader organisational framework

Below are some of the common generic selection criteria which tend to crop up commonly and some of the questions they might generate.

- *ability to work in a complex environment?* This will probably be related to an environmentally/administratively complex situation rather than clinically complex eg something about competing priorities, or time management, or bed management and patient flow (getting patients in an out of hospital, managing a theatre list etc). Testing your organisational capacity and ability to make sense of a chaotic environment. Dealing with stress or stressful environments
- *communication?* You may not get a question directly related to this (as it can be judged in answers to other questions, but you may be presented with a conflict question (how easily can you calm down a tense or angry patient/family) or breaking bad news, or open disclosure, or providing feedback to a junior staff member; ie your communication skills in difficult situations



- *teamwork?* Maybe recalling situations where working in teams has been beneficial, what were the features that made it successful, and what challenges needed to be overcome to make it work. Can you recall situations where team work has broken down, and how this could be improved for the future?
- *time management?* – what are the principles of using your time most wisely. How do you effectively prioritise and delegate? How do you cope with competing clinical demands? What tips would you give a new intern about time management?

This question is often tested with scenarios, and you need to try to answer not just in terms of what you would do, but apply some overarching principles which drive your choices (eg patient safety, clinical priority, availability of alternative resources, ability to delegate etc etc)

- *problem solving?* – perhaps a question about quality improvement / research. What are some problems which need solving and how might you go about that, or give an example of how you have been involved in addressing some clinical/admin problem in the past? In preparation – think of all the things which frustrate you about the way the hospital runs and what you would do to fix them if you were in charge.
- *A professional attitude and flexibility in work role* might present as an ethical dilemma, or perhaps how you might respond to making an error (by you or by someone else), or having a complaint made about you or your service. “Flexibility” here is usually code for helping out or taking on extra work or preparedness to swap and change.
- *Ability to recognise the acutely unwell patient and to initiate immediate management and institute Basic Life Support (BLS)* - a clinical scenario which requires you to apply BLS should be anticipated. You would be advised to know the Between The Flags literature, the PACE /ALS policy and calling criteria, and the common BLS protocols, including what has changed in recent times. NB: If you get a clinical question, the panel are usually trying to do little more than assure themselves that you are safe and confident with the basics. There will rarely be trick questions or questions about esoteric clinical conditions - which means that if you are unsure about your answer, most of the time if you go with your gut feeling, you'll be right
- *Demonstrated ability to work independently* - you may get asked about situations where you have been required to do so. Alternatively, this may be approached by asking about your understanding of the new role you are moving into – with the capacity to exercise increasing independence (while still understanding the boundaries) being an important aspect of your answer. *It's surprising how many*



people at interview demonstrate that they have not really thought much about the details of the role that they are applying for with the higher level of responsibility that entails.

- *Demonstrated commitment to quality improvement, patient safety and risk management.* – Have you been involved in audits, M&M, quality improvement projects, Incident management (ie IIMS, RCAs). Have you seen something that needs improvement and tried to fix it
- *An interest in participating in teaching and research is desired* – If you have been involved in research make sure you can talk enthusiastically about the outcomes. If you haven't any research under your belt, at least try to have some sensible ideas about research topics that would interest you.



TYPICAL QUESTIONS IN DETAIL

1. The Icebreaker. “Why have you applied to Westmead for this surgical SRMO job?”

This is a poor question to ask, because it is far too general, but it’s a free hit if you get it. You should be able to talk about this for the whole interview and some people give a 20 second answer then clam up.

Do not respond: “because I live 5 minutes away in Winston Hills and its nice and convenient...” or “...because I want to be a surgeon”.

Instead let the panel see your passion, enthusiasm, and ability to make a contribution. What has motivated you to do surgery? Who has motivated you (with luck they might be on the panel), what research into the job and the training program have you done? Drop the names of people you have spoken to (especially if they are on the panel) about your career and this job. If relevant talk, about Westmead’s specific expertise and reputation in this area and why this appeals to you. Talk about your longer-term career goals, proving that you know what it takes to achieve them. Demonstrate that you have read the Position Description and you understand the role you are moving into and how this fits into your career goals. Demonstrate that you are eager to move up to the next level and you understand what this entails. Demonstrate you understand what it takes to get through training, and that you understand Westmead’s strengths/expertise in training.

The “Why have you applied for this job?” question allows you to both flatter the panel (because people on the panel are the representative of the excellent clinicians, great teachers, and first-rate department that you want to join), and to talk yourself up by expanding on your own career goals and strengths and how these complement each other

BUT BEWARE: The Icebreaker comes in many variants: “What are the characteristics of a good physician”, “Why are you the right person for the job”, “What are your strengths and weakness” etc.

You must listen to the question and answer what was asked, but you must always relate your answer back to why you are the best candidate.

2. Understanding your new role.

“What do you think are the most important characteristics needed for somebody in this position and how does this differ from your current role?”

Technically this is a bad question. It is a two-part question, and the two parts should really be clearly separated and tested separately. But multi-part questions happen all the time in



interviews so you need to be prepared and look out for them... It is easy to fall into the trap of just answering the bit you heard last, so it is useful to have a pen and paper handy and jot down some memory joggers. Or answer half and then ask – *“can you just remind me of the 2nd half of the question”*

The “Understanding your Role” question doesn’t really address any specific selection criteria, but often gets asked, because it’s hard to have questions which address all selection criteria (there isn’t time) and this is a sort of catch all question which would allow us to drill down to areas we wanted more detailed responses about (or alternatively to make inferences about your omissions – eg *“she didn’t mention teamwork, I wonder if that’s because she’s not a team player”*).

The first part of this question should be straightforward. The Position Description and Selection Criteria should cover most of what you need to say. Remember the point is not just to prove that you’ve read the Selection Criteria but to prove you have these characteristics.

You may have some private views about which aspects of the selection criteria are most important, and the ability to demonstrating your own reflection and research into the topic is good (eg *“I’ve spoken to quite a few BPTs and they tell me that they found the most important characteristics were...”*). As with all broad questions, you may wish to itemise and then come back and elaborate – starting with the characteristics you are best at.

My observation, which I’ve already made earlier, is that it’s surprising how many people at interview demonstrated that they have not really thought much about the details of the role that they are applying for. They have difficulty for instance in describing the full range of what a registrar does.

Answering this question in part by reference to a well-respected role model/mentor is always a good strategy

The second part of the question asks you to demonstrate that you’ve thought about what it takes to work at a higher level of responsibility.

So obviously you will talk about the increased clinical expectations (and what this means in terms of preparation/reading etc) but you also need to think about your pivotal role in communication (upwards, downwards and sideways), your altered relationship with your consultants, your responsibilities for supervision and teaching of juniors, perhaps some new administrative roles within a department, not to mention your responsibilities for your own education and the balance of service, training, study (and being optimistic) – a life.



In asking such a question we want to be reassured that the candidate has thought all these things through, rather than simply presented for a job because they think they are a decent clinician and interested in this area of medicine. Being successful in getting the job requires more than simply having decided what interests you.

3. The Left Field Question

In recent years I have noticed a re-emerging trend to ask an opening question from out of left field, as a form of icebreaker. Personally, I hate these questions and don't think they break the ice at all – I think they ratchet up the stress levels as you struggle to think what on earth the Panel are looking for or what on earth you can say.

Typical style of question might be – “What book are you reading at the moment” or “What is your favourite hobby” or “What CD would you take on a desert island” or (I kid you not) “Which Marvel superhero would you like to be and why”

So... my first comment is that the answer to your question is probably irrelevant – they are just trying to get you talking and get a bit of a feel for you – so all you need to do is be perfectly natural and truthful and let your personality shine through. Don't try to overthink the question or fall into the trap of giving them an answer you think they might want to hear. This approach runs the risk of you presenting as someone who is insincere.

You should have thought through your selling points and be prepared to bring them out at every opportunity, so these sorts of questions may allow you to pivot to some of your strengths, but certainly don't worry if you can't. Just try to be yourself.

4. The Clinical Questions

In general (and the approach to this varies from specialty to speciality) the interview is not treated as a clinical exam and we expect the culling process (based on appraisal of your CV) to have ensured that we are only interviewing staff with the pre-requisite clinical ability. If you were applying as a staff specialist you would **NOT** expect any clinical questions, but at the more junior levels, they are often used, although generally only aimed at assuring the panel that you are safe with the basics.

So - it is worth revising, or at least being aware of the basics. Are there any standing protocols/ practice guidelines for the bread & butter topics in your specialty? What are the common predictable clinical scenarios you are likely to encounter all the time. What are the standard afterhours challenges you will be facing commonly? DETECT, PACE & ALS will often be the focus of any clinical questions.



You might get a clinical question about an area of known controversy – to show that you are up to date with current thinking, or about broad trends in your speciality (such as “what are the most important developments in ...” or “how do you think the practice of this speciality will be different in 5-10 years’ time” . These questions are much more likely to crop up for Advanced Trainees than Basic Trainees or SRMOs – but even at the junior level it is still wise to think through what the big picture trends are in Health, as well as in your area of specialty interest.

Again, more an advanced trainee type of question, but you may get asked about how your clinical practice will be affected by other broad trends in medicine (eg aging population, decreasing LOS, increased outpatient management, advent of activity-based funding, compliance with Key Performance Indicators (KPIs), like the 4-hr rule etc). Check to see if your position description contains a section on specific “challenges”, because if it does, you should have an opinion on these. Don’t forget, staff specialists get to make up these questions, and sometimes they will be based around the political/organisational challenges that are top of their mind.

It would be reasonable to expect one purely clinical question intended to test your clinical acumen, but you will often get clinical details and dilemmas thrown into other questions aimed at eliciting your responses to other issues (eg communication, conflict, time management, teamwork). There are two errors that can be made in this circumstance. The worst is to ignore the communication / conflict / time management issues and just give a clinical response. The other is the reverse.

*Both problems underscore the necessity to **listen to the actual question**. It is very easy to listen to a long clinical preamble and jump to the conclusion that the question is to solve the clinical problem, when in fact the question was to discuss the issues of communication which this clinical scenario demonstrated.*

Here are two sample clinical questions:

Question 1

- *You are called to see a 57 yr old, day 1 post op lady because the nursing staff are worried about fluctuating levels of consciousness*
- *On arrival on the ward she is lying down in bed, lucid but looks pale and unwell, and her BP is 85 systolic, HR 125. SBP has been fluctuating between 90-95 in the 6 hours post op, and was 130 pre-op.*
- *What do you do next?*



Question 2

- *You are called by the evening intern to review a 68 yr old man, 3 days post op who has central crushing chest pain, and hypotension (SPB 90). He has a past history of IHD*
- *The intern has already organised an ECG. You note that it shows sinus rhythm and the ST segments look elevated in anterior leads (V2-5) but you note that it's a LBBB pattern*
- *Walk us through what you will do?*

These are both straightforward clinical scenarios, and for both, think about how you would present an overview of what the most likely problem is, how serious is it, and what sort of patient disposition you are anticipating. (Remember the “S” in ISBAR?) Then come back to filling in the detail – what are the big topics you need to cover? Rapid assessment? Resuscitation? Investigation? Escalation? Differential Diagnosis and alternative possibilities to the obvious? Likely next steps (monitoring? transfer to a more appropriate environment?) In particular think about how your actions differ in the role of register – how can you marshal and direct resources/delegate tasks, how you can tap into more help as necessary. It may help if you think about what the next steps which you, as an RMO, would normally have left to your registrar?

In question 1 you could start with “I'd take a rapid history while simultaneously doing an A-G assessment...” and there's nothing wrong with that, but starting with “this is a sick patient who I'm extremely concerned about, as she might easily be bleeding or septic, and is going to need urgent resuscitation and possibly return to theatre...” then move into the ABCs, gives a much better sense that you have an overview of what is likely to be going on, and which direction you are heading in. It sounds more like a registrar level response than the first attempt doesn't it.

As an aside - just mentioning the “the ABCs” in isolation, in a question focussing on a deteriorating patient, tends to draw attention to the lack of reference to “DEF&G”. Make sure you know the whole acronym and how to test each component.

5. Teamwork Question

Almost all Selection Criteria mention teamwork somewhere so you should think about what questions might be asked to test this. They could be as simple as:

- *“What are the positive and negatives about providing clinical care through teams” or*



- *“How in your position have you/will you contribute to promoting a more harmonious team environment” or*
- *“Tell us about some situations you have observed where team work has broken down. What did you do / could you do to help try to improve the situation”?*
- *How would you as a registrar/SRMO deal with a junior staff member who was adversely impacting on the functioning of the team – or vice versa*

Sometimes teamwork will be tested in a “Conflict Question” – see below – along the lines of conflict within the team or between teams.

In all of these questions the panel is looking for evidence that you are a team player, that you don’t consider yourself more important than other team members, that you are not going to rub people up the wrong way, that you are (at least up to a point), willing to sacrifice your own goals for the good of the team, that you value the opinion and contribution of the non-medical members of the team. (Don’t ever let the panel think that that for you, "teamwork" is only about how the medical members of the team interact with each other. This is part of "teamwork", but more commonly the panel will be thinking about "teamwork" as code for staying on the right side of the nurses.)

Can you articulate 3 of 4 small techniques for improving teamwork?

6. Time management / Efficiency Question

Many jobs have selection criteria which focus around time management, prioritisation and efficiency.

If a time management question comes up it is most likely to be a scenario type question. Remember to listen to the question, and not to assume that you are being asked to solve the clinical issues. If the question was, *“How do you approach or prioritize these competing claims on your time... “you will need to be able to demonstrate that you can generate some principles for how to prioritise, which should include clinical need, and also capacity to delegate, as well as seeking other sources of help. Remember to think – if required - from a registrar perspective, which means considering what other resources you have or don’t have, and what additional responsibilities you might have.*

Here’s a sample question:

- *Its 4:30 Friday afternoon and you've had a busy day. You are currently reviewing a patient, who might be able to be discharged. In the meantime, you are paged simultaneously by a ward nurse and ED. The nurse tells you one of your patients has*



developed new pleuritic chest pain with sats of 85%; ED are sending an elderly patient to the ward with pneumonia, on IV antibiotics, and with a BP which has been "a bit unstable". You've got tickets to Will Anderson's new show tonight and your partner was really keen about going. How do you deal with this situation?

Not only can you use this question for generating principles about managing competing clinical priorities, as well as how to delegate tasks and marshal additional resources as required – but you have a great opportunity to “humanise” yourself by dealing with the social element of this question. Whoever wrote this question likes Will Anderson – do you like him as well? Can you bond with the panel over your shared experience of missing out on your favourite shows or about dealing with the inevitable disasters that always wait until 4:30 on a Friday to become manifest?

NB: This is a terribly constructed interview question because it is too long and complicated - BUT long and complex question still get asked - so you shouldn't be surprised. Remember, you can ask for the question to be repeated (and you should jot down the key points as they go second time around), and you should then repeat the question back. *"So, its late Friday afternoon, I'm trying to discharge the patient in front of me, when I'm called about a patient who sounds like a possible PE, and also a new admission who might be septic, plus I'm going to have an angry wife if I get home late because we've got tickets to a show - and you'd like me to talk about how I might deal with this situation? **The fact that you can construct a precise summary up front makes you sound like a registrar right from the beginning.***

Other time management / efficiency questions might be more generic:

- *In this job you will always have people making competing demands on your time. What are some important principles and practices that help you to best cope with this?*
- *Hospitals are large, complex and bureaucratic institutions, and not always perfectly efficient. Where have you noticed inefficiency in the system &/or how have you helped to improve this inefficiency?*

(NB this is a tough question, but remember, the panel won't expect you to fix the 4hr rule, or the budget crisis - just think of examples of how you could do your job more efficiently)

- *How could you be a more efficient doctor than you are at the moment?*
- *What advice will you give your intern next year about how to be efficient?*



7. The Communication Question

Communication will be in almost every set of Selection Criteria, but you won't always get a "communication question", because we have limited time and we can probably judge this by, well... communicating with you ...at interview and through your application and CV. If you get a specific question it will probably be a scenario which focuses on specific forms of communication, like talking to an angry / distressed patient or angry distressed staff member, breaking bad news. You might get a scenario in which **assertive communication and graded assertion** is important. You might get a scenario involving "**open disclosure**" scenario. If you don't know what "open disclosure" is you should look it up, but essentially it means honest communication with patients if mistakes happen.

Here's a sample question

- *You have an elderly patient who has a penicillin allergy documented on Powerchart, but on the strength of "NKA" written on the charts by the ED RMO you erroneously prescribed flucloxacillin. The patient developed a rash and mild shortness of breath which resolved spontaneously. The nursing staff tell you the family and patient are concerned and want to talk to you. What is your approach?*

This question allows you to demonstrate you have excellent communication skills, not just in what you'd say but in the context of how you would say it (think about timing, location, who needs to be present, and are there any hospital guidelines that cover this).

A question like this also allows you to talk about how well you personally know powerchart (and how your routine practice of checking would make this an unlikely scenario for you personally) and how well you know hospital administrative processes by invoking Clinical Governance, and IIMS. It allows you to talk about the ethical issues involved

It allows you to talk about organisational learning – apart from making a mistake yourself, it is clear that an ED RMO did so as well. How as a hospital should we be trying to improve on this situation?

Under the topic of Communication, you might get asked explicitly about **ISBAR**. This is unlikely, but you should know what it is and be able to drop it into any question about communication.

If your job is likely to result in working in critical care situations, knowing about **closed loop communication and graded assertion** is a bonus.



8. The Conflict questions

Dealing with conflict is rarely a specific selection criterion, but these questions remain very common because you can tease all sorts of issues out of them (eg professionalism, communication, teamwork, prioritisation etc etc), so its useful to prepare for one just in case. It is not uncommon to be asked about a situation where you have encountered conflict with a colleague or a patient / relative, how you managed it and what you have learned from it. As a junior doctor you may not have encountered serious conflict, but you can still consider the guiding principles. Panels will be looking for clinicians who: put the patient first (and therefore first resolve the clinical issues), are self-reflective and capable of learning, who can put the cohesion of the team ahead of proving that they are right, who are able to use the literature and evidence base to support their views, and who understand how to work within the boundaries of a broader administrative system.

Here's a sample question to think about:

- *You are on the ward when you overhear the family of one of your patients complaining loudly to the nursing staff about the fact that you have misdiagnosed their mother. They are especially angry right now because they believe she is not getting adequate pain control.*
- *Is it your duty to intervene, and if so what would you say and do?*

The question has multiple dimensions; ethical (*do I help out my nursing colleague, & do I have a duty of care to this family at this time*), time management (*what if I am in the middle of something else which is equally important*), conflict resolution (*how do I calm down this family, what are the key principles and strategies, both short term and longer term*), my role in the team (*given that I am the focus of their anger, should I be attempting to sort this out or defer to my boss?, if I am busy at the moment, do I need to delegate some of my tasks to my resident to free up time to deal with this*), etc etc.

And of course, buried in the question was a clinical priority – pain control - which, given the overarching principle of thinking about the patient first, should have been one of the first things to come to mind.

This question emphasises the importance of understanding what qualities (or selection criteria) the panel is likely to be looking for, and testing them quickly against each question. Does this question have a dimension of teamwork I need to address? problem solving? communication? conflict resolution? professionalism/ ethics? etc etc.



9. The Ethical Dilemma

Again, a genre of question which is becoming more common at the moment and very frequently linked to bullying (experienced or witnessed), by your seniors or sometimes juniors.

May also be asked in relation to other unacceptable behaviours such as drug & alcohol problems, mental health problems, unacceptable attitudinal behaviours towards patients or other staff.

Difficult ethical dilemmas are usually ...difficult. So, don't worry if you are not quite sure how to solve them. But try to present yourself as someone who understands the nuance of the question, and not someone who trots out trite responses which we all know are much more complex in real life.

NSW Health has policies about bullying, and also has a code of conduct and AHPRA also outlines some of your professional responsibilities including mandatory reporting. It would be wise to be aware of these or at least aware of their existence.

10. The Clinical Governance (or "Quality") question

"Clinical Governance" is now a sufficiently ubiquitous term for virtually all applicants for any medical job to be able to talk fluently about it. If the term means nothing to you, then look it up on the Ministry of Health or Clinical Excellence Commission websites.

It is surprising how often this question becomes the one which is used to distinguish between candidates. This is because it allows you to go beyond "what I can do" and "what I know" to "how do I fit more broadly into the system" and "how can I make the system better". It allows you demonstrate that you can reflect on the quality of service provided, from an organisational or systems perspective, and also from a personal perspective, ie self-reflection. It allows you to demonstrate that you have thought about the possibility that during your career you may make mistakes, and how you will need to respond to this, as well as how you might reduce the likelihood of this occurring.

Typical questions in this domain focus around:

- Continuing Professional Development (ie MOPS, reading, conferences, courses)
- Measuring or demonstrating quality of care (eg quality indicators and statistics, performance indicators, logbooks or personal databases etc)
- Being able to describe what high quality care looks like in your specialty, and what some of the barriers to achieving it are.



- What are some of the major patient safety risks in your domain
- Responding to error (knowing about complaints management processes, IIMS, incident investigation, open disclosure)
- Quality improvement projects or activities you may have been involved in – or you think would be a good idea.

Here's a sample question which looks at medical error

- *Imagine you accidentally over-prescribed a medication which caused a temporary, but reversible deterioration in the patient's condition resulting in an extra few days of inpatient admission.*

The principle of looking after the patient first, means that taking care of the immediate clinical situation is the first priority. You then need to think about who you are going to tell (which must include the patient), what the ideal timing is and who else should be involved, and then how to engage with the hospital's formal reporting & complaints processes (IIMS and Clinical Governance), and lastly how you will learn and improve from this situation

Here's another popular sample question.

- *Imagine that you are a registrar next year and a nurse reports to you that she is worried about your intern. She thinks the intern has become more moody and irritable, has not been answering their page and is behind in their discharge summaries. How do you deal with this?*

Responding to underperforming colleagues, be they peers, seniors or juniors is a frequent question and often it will be framed to imply a mental health impairment or D&A problem. You need to have thought through some strategies for responding (first ensuring patient safety, attending to discharge summaries, gathering corroborative evidence, talking to the staff member, escalating your concerns, longer term follow up etc etc). It helps if you know how to tap into the official organisational processes for dealing with these sorts of problems and who else you could involve as a resource (DPET? RSU, Medical Admin, HR, Directors of Training?) You should be aware of mandatory reporting requirement to AHPRA which is an obligation held by every doctor in every circumstance in Australia.

Questions which test how potential registrars might manage their junior staff should be anticipated. Hot topics at the moment might lead to questions which touch on Depression, Suicidal Ideation and Bullying.

And another quality question.



- *What do you understand by the term "Clinical Governance". What are some examples of clinical governance you expect to be involved in if you are successful in this job*

"Clinical Governance" literally refers to the way we organise and administer our clinical services to maximise safety and quality of outcomes. You should be able to think of lots of examples of this.

HAVE YOU GOT ANY QUESTIONS FOR US?

This usually gets asked at the end of the interview. You do **NOT** need to have a question prepared to make you look intelligent. In fact, you should seriously resist any urge to ask questions at this point. You should have already approached the contact person before the interview and sorted out genuine questions in advance. If you ask a question at interview which could have been sorted out beforehand, or which demonstrates you haven't read the position description in full, or which is just facile or time wasting, the interview panel will not thank you for making their day even longer. Instead their last impression of you may end up being a negative one.

As a general rule its best **NOT** to draw out interviews at this level any longer than necessary

If you must say something then probably the ideal response is probably, "No – I've had the opportunity to discuss the job with [insert name of important contact] and I've also spoken to a number of your current registrars and I think they've been able to give me a pretty good indication of what to expect" This draws attention to your preparation, but this answer is getting overused in recent years.

There are very few circumstances where this is the right place to ask questions. Just about everything you might be uncertain about can be sorted out later. Even the ever popular "when will you be letting me know about the outcome of the interview" - would simply draw attention to the fact that you haven't studied the recruitment timetable on the website well enough.

Don't ask if you'll have the opportunity for research. We know what you're trying to do! The answer for every training position in a teaching hospital is "Yes" – and you would not be asking this question now if the answer was truly going to influence your decision. This will just irritate a panel.



Don't ask about term rotations. If it was important you should have asked beforehand and this will just make you look ignorant

Sometimes the final question will be framed in terms of **“is there any last thing you want to tell us”**

It a good practice to always prepare 1-3 pithy key talking points which you think might distinguish you from others. Hopefully you'll have had the opportunity to raise these long before this point, but if not, take advantage of the opportunity.

Don't use this opportunity to repeat at length the things you have already discussed.

It is acceptable to say –*“I think we've covered everything in detail but if I could just stress the three reasons why I think you should consider me its ...”* making sure these are dot point only.

POSTSCRIPT & DISCLAIMER

I have put these guidelines together based on 20 years' experience of interviewing more than 1000 senior and junior medical staff across a broad range of specialties and hospitals.

BUT these are just one interviewer's perspective. Please don't think that I have given you all the “right” answers. What I'm hoping to do is to emphasise the necessity for preparation and practice. And get you thinking about what the interview may involve.

Furthermore, every hospital & speciality has its own unique perspective and requirements and so you should consciously seek out and interrogate those training supervisors in each speciality who are likely to turn up on interview panels to find out about specific advice, pointers, tricks and traps for that speciality. Look for other information available on the web which might help. I recommend “On the Wards” (<http://www.onthewards.org/>) which has a section on Job applications.

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