

Using this document:

This document contains the printable resources required to facilitate a workshop on preparing for Specialty Selection Centres. It is primarily aimed at F2 trainees, however, F1's toward the end of their first year will also find it beneficial.

You will also need to download the accompanying PowerPoint slides and stream the selected video materials from the STFS website. All timings given are indicative and can be modified to suit.

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1. **Session Plan** - including timings and a simple flow chart
2. **Interview Practice** - instructions on the practice process
3. **Observation Feedback Form** - to print and use
4. **Tips For Interviewees** - reminders to print and use
5. **Question Sets** - to print and use
 - **General interview questions**
 - **General + Anaesthetics/ACCS**
 - **General + Core Medical Training**
 - **General + Core Surgical Training**
 - **General + Obstetrics & Gynaecology**
 - **General + Ophthalmology**
 - **General + Paediatrics**
 - **General + Psychiatry**
 - **General + Public Health**
 - **General + Radiology**
6. **Evaluation Form**



Session Plan

Timing:

2.5 hours. (Dependent on the group size and what the facilitator wishes to cover)

Target Group:

F2 Postgraduate Doctors

Objectives:

Participants will be able to demonstrate the key principles of being successful at interview and selection centres. They will gain insight into what to expect at selection centre and how the interview panels will typically run. Participants will have the opportunity to undertake practice interviews aiming to give them exposure to the types of questions they may face. Participants will receive feedback on their performance during the interview practice from their peers as well as having the opportunity to critically evaluate their own performance.

Resources:

PowerPoint:

- Overview of Interview & Selection Centres

Video content (Via STFS password protected area):

- F2's discussing selection to GP/ Specialty training.
- AGCAS Selection Centres for Specialty Training

Practice Interviews:

- Interview practice instruction sheet
- Question packs
- Interview observation sheet

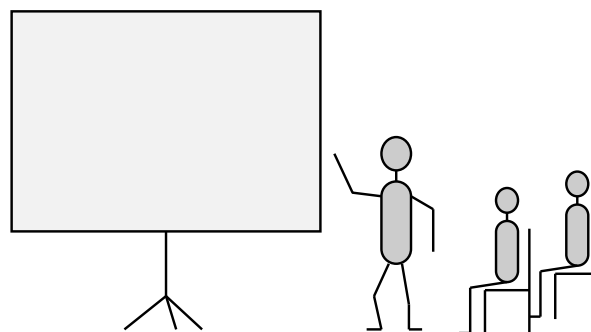
Workshop Outline:

(Timings are indicative)

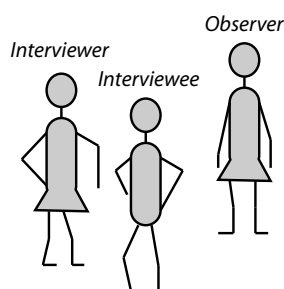
Introduction:	General overview of recruitment to specialty, timelines etc. 5 mins
PowerPoint:	Run through discussing selection. Process, applications, interviews, basics, do's, don'ts. 25 mins
Interview practice:	Hand out instruction sheet & sample interview questions. Observers feedback incorporated. 60 mins
Review video content:	Select appropriate video session for review. 30 mins
Group discussion:	Allow opportunity for group to raise, share concerns. Facilitate encouragement and confidence within the group. What went well and areas to improve. 20 mins

Session Flowchart

1. Introduction and PowerPoint - 30 minutes

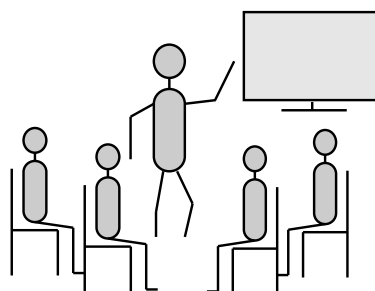


2. Interview practice and feedback - 60 minutes



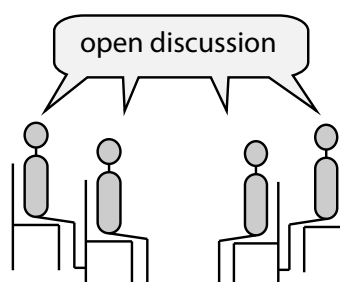
- Divide into groups of 3 (or 4)
- Issue appropriate question sheets
- Review instructions
- Rotate through each role:
 - Interviewer
 - Interviewee
 - Observer
- 10 minutes each interview
- 10 minutes for feedback

3. Video review - 30 minutes



- Show STFS video content
- Review with group
- Take feedback from group
- If time allows show AGCAS video resource of F2 interviews

4. Group discussion - 20 minutes



- Discuss sessions
- Facilitate confidence
- What went well
- Areas for improvement

5. Close

Interview Practice

Mock interviews: Instructions

1. Arrange groups of 3 Foundation Doctors together. Where possible group into specialty specific threes. E.G Those wishing to apply to CMT / CST / Paediatrics and so on. It may be necessary to have groups of 4. It may not be possible to accommodate all specialty interests however the mock session will give valuable practice to all participants at Foundation level.

2. Each group will consist of one interviewer, one interviewee and one or two observers' dependant on group size. Each participant will get an opportunity to be interviewed, be an interviewee and observe as roles will rotate.

Each group will be issued with sample questions to pose. Each sample sheet will have different questions to avoid repetition. Each question has some hints for the interviewer to help probe the interviewee a little more deeply. To gain the most out of the practice session interviewers should play an active role in exploring the answers given where possible and within the timeframe allocated. Ensure the correct questions are issued to each group dependant on their specialty choice. A pack of general questions is also available for those undecided or who wish to practice responding to broader questions.

3. Allocate ten minutes for each interview. This is the norm for Specialty selection stations and 2 questions should be posed to the interviewee during this time with 5 minute responses to each of the questions. This will give the interviewee practice at gauging what that timeframe feels like in reality when answering questions. The observer(s) should keep a close watch on time and notify the interviewer when 5 minutes has elapsed so the second question can be posed.

4. On completion of the practice interview 10 minutes should be allocated to enable constructive feedback to be given. Observers will give feedback using the notes they have taken during the session on the observer feedback form. Observers should bullet the points raised by the interviewee in the appropriate section of the form during feedback. The feedback form should be given to the interviewee at the end of the feedback so they have a record of the session to be used for further learning as appropriate. It is important to keep to the 10 minute feedback timing.

5. Groups rotate to next role within the group on completion of feedback.

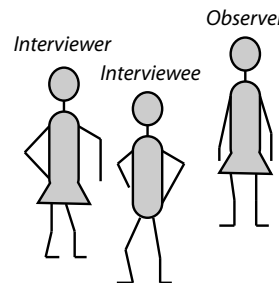
1. Arrange groups

- Divide into groups of 3
- By specialty (CMT, CST etc)
- Groups of 4 may be needed



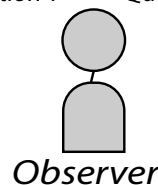
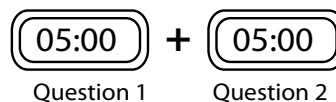
- Each group has questions relevant for that specialty

2. Assign roles for the first session



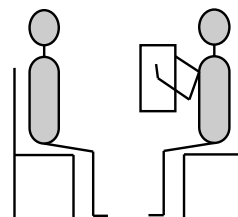
- Every person has a clear role
- In groups of 4 there will be two observers.

3. Allow ten minutes for each Interview



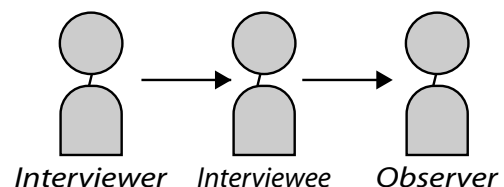
- The observer should keep control of time and warn after five minutes

4. Allow ten minutes feedback



- Observers need to make bullet point notes of all feedback
- Interviewees keep the form after the feedback session

5. Rotate between roles



Observation Feedback Form

This form is to be used by interview observers to make notes during the mock interview. Feedback should be constructive and this is a skill that you will require during your career in medicine.

Feedback should be given in the following order & the interviewee should be given the feedback form once complete.

1. **Interviewee** to give feedback first. **Observer** note down key points of what went well
2. **Observer** feedback to **interviewee** what they felt went well
3. **Interviewee** to give feedback on areas for improvement. **Observer** note down key points
4. **Observer** feedback to **interviewee** on areas for improvement
5. **Observer** feedback to **interviewee** on other aspects. Consider:
 - a. Body language
 - b. Look and sound of interview
 - c. Audibility of interviewee
 - d. Other comments

Interview feedback for:

1. Interviewee feedback - what they feel went well

(Complete during feedback session)

4. Observer feedback - areas for improvement

(Complete during interview session)

2. Observer feedback to interviewee - what went well

(Complete during interview session)

5. Observer feedback to interviewee on other aspects of the interview

a. Body language

b. Look and feel of interview

3. Interviewee feedback - areas for improvement

(Complete during feedback session)

c. Audibility of interviewee

d. Other comments

Tips For Interviewees

Print and use these reminders of the **CAMP**, **SPIES** and **STAR** question frameworks. They will help you deliver full and well structured answers to the interview questions.

CAMP for background & motivation questions about why you have applied

- C**linical - Type of hospital, specific skills/interests
- A**cademic - Develop research interests, teaching, education
- M**anagement - Service development, educational supervision
- P**ersonal - Geography, hobbies etc.

Use **SPIES** for questions on difficult colleagues or ethical issues

- S**eek info - What is the problem
- P**atient safety - Critical this is assessed
- I**nitiative - Can you do anything yourself
- E**scalate - Involve other colleagues as needed
- S**upport - Can you support the individual - team

Use **STAR** for - questions requiring an example

- S**ituation - What was happening
- T**ask - The goal you set yourself
- A**ction - What YOU did (use I - not WE)
- R**esult - The outcome of YOUR action

Questions – General interview questions

N.B If you have carried out an honest self-assessment and explored your career plans thoroughly you should find that interview questions will be easier to answer. Practice using the CAMP - STAR - SPIES frameworks.

Interviewers select 2 questions from the list below. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

Q1. What are the qualities of a good doctor? Do you have those qualities?

Q2. What will be the biggest challenge in this post for you?

Q3. Give me an example of where you managed a clinical scenario well? And one where things didn't go so well?

Q4. You are dealing with an emergency on the ward and you are then called to review another patient urgently on a different ward. How do you prioritise and handle the situation?

Q5. How would you describe yourself?

Q6. Describe an occasion when you have worked well in a team?

Q7. What motivates you to give your greatest effort?

Q8. What skills or personal attributes do you possess that will make you a good trainee in this specialty?

Q9. How do you organise your workload?

Q10. Give an example of a situation where you showed leadership.

Q11. What skills do you need to improve?

Q12. What makes you a good team player? Give an example of a recent situation where you played an important role in a team. Give an example of a situation where you failed to act as a good team player?

(What distinguishes you from others: e.g. audits/research, teaching, courses attended & leadership skills etc.)

Q13. Describe your experience of the audit process? What did you gain from your research/audit experience? How do you critically appraise a paper?

Q14. Give me an example of where you showed leadership skills?

Q15. Tell us about any teaching experiences or presentations you have done. Discuss any new teaching methods that you are aware of?

(Ethical questions/knowledge about NHS systems:)

Q16. Your F1 colleague turns up drunk on the ward one morning, what do you do?

Q17. Tell me about clinical governance? Has clinical governance improved patient safety?

Questions – General + Anaesthetics/ACCS

N.B If you have carried out an honest self-assessment and explored your career plans thoroughly you should find that interview questions will be easier to answer. Practice using the CAMP - STAR - SPIES frameworks.

Interviewers select 1 question from each section to ask. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed from Anaesthetics/ACCS section.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

- Q1. What are the qualities of a good doctor? Do you have those qualities?**
- Q2. What will be the biggest challenge in this post for you?**
- Q3. Give me an example of where you managed a clinical scenario well? And one where things didn't go so well?**
- Q4. You are dealing with an emergency on the ward and you are then called to review another patient urgently on a different ward. How do you prioritise and handle the situation?**
- Q5. How would you describe yourself?**
- Q6. Describe an occasion when you have worked well in a team?**
- Q7. What motivates you to give your greatest effort?**

(What distinguishes you from others: e.g. audits/research, teaching, courses attended & leadership skills etc.)

- Q8. Describe your experience of the audit process? What did you gain from your research/audit experience? How do you critically appraise a paper?**
- Q9. Give me an example where you showed leadership skills?**
- Q10. Tell us about any teaching experiences or presentations you have done. Discuss any new teaching methods that you are aware of?**

(Ethical questions/knowledge about NHS systems:)

- Q11. Your F1 colleague turns up drunk on the ward one morning, what do you do?**
- Q12. Tell me about clinical governance? Has clinical governance improved patient safety?**

Section 2: Anaesthetics/ACCS specific:

(adapted from: How to get a specialty training post: the insiders guide, Danny C.G. Lim: 2011)

Q1. You are asked to review a patient (actor) on the ward. There will be an observations and drug chart. The patient is unresponsive and snoring heavily. Talk through your actions and present the case to an anaesthetist who arrives.

Interviewer to note/probe:

- Systematic approach: Airway, Breathing, Circulation, Disability (GCS), Examination, Glucose
- Formulate a logical plan. Maintain airway (chin lift or Guedel), gives oxygen, call for help early, establish IV access, considers naloxone, investigations e.g. CT brain
- Scrutinise observations and drug chart, e.g. low respiratory rate, opiates, benzodiazepines
- Presents case clearly and effectively to anaesthetist

Q2. A 55-year-old man has been admitted with a severe, "sharp" epigastric pain present for several hours. His blood pressure is 88/45 mmHg and he is tachycardic. He appears pale and cool to the touch. On examination, there is epigastric tenderness and voluntary guarding but the rest of his abdomen is soft. What is your differential diagnosis and how would you manage him?

Interviewer to note/probe:

- Formulate a reasonable list of differentials
- Resuscitate patient, i.e. I.V fluids
- Investigations including blood results, glucose, ECG & chest X-ray
- Consider CT imaging if stabilized

Q3. You are shown a pre-operative ECG of a young man undergoing elective arthroscopy. Interpret the ECG (complete heart block) and talk through your actions.

Interviewer to note/probe:

- Correctly interprets the ECG
- Recognise potential risk – peri-operative bradycardia, asystole
- Consult cardiologist for advice and consideration of pacing
- Reconsider options e.g. postpones procedure, involves patient.

Questions – General + Core Medical Training

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Interviewers select 1 question from each section to ask. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed from CMT section.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

- Q1. What are the qualities of a good doctor? Do you have those qualities?
 - Q2. What will be the biggest challenge in this post for you?
 - Q3. Give me an example of where you managed a clinical scenario well? And one where things didn't go so well?
 - Q4. You are dealing with an emergency on the ward and you are then called to review another patient urgently on a different ward. How do you prioritise and handle the situation?
 - Q5. How would you describe yourself?
 - Q6. Describe an occasion when you have worked well in a team?
 - Q7. What motivates you to give your greatest effort?
- (What distinguishes you from others: e.g. audits/research, teaching, courses attended & leadership skills etc.)*
- Q8. Describe your experience of the audit process? What did you gain from your research/audit experience? How do you critically appraise a paper?
 - Q9. Give me an example where you showed leadership skills?
 - Q10. Tell us about any teaching experiences or presentations you have done. Discuss any new teaching methods that you are aware of?

(Ethical questions/knowledge about NHS systems:)

- Q11. Your F1 colleague turns up drunk on the ward one morning, what do you do?
- Q12. Tell me about clinical governance? Has clinical governance improved patient safety?

Section 2: Core Medical Training specific:

(adapted from: How to get a specialty training post: the insiders guide, Danny C.G. Lim: 2011)

Q1. A 55-year-old alcoholic with known oesophageal varices presents with frank haematemesis and melaena. He is tachycardic but normotensive. Haemoglobin is 8g/dL (previously 12 g/dL). How would you manage this patient?

Interviewer to note/probe:

- Resuscitate, i.e large-bore IV access, fluids, cross-match blood
- Be aware of Rockall score
- Urgent endoscopy
- Consider antibiotics, glypressin, Sengstaken-Blakemore tube
- Inform seniors, consider critical care
- Consider prophylactic propranolol, TIPSS (transjugular intrahepatic portosystemic shunt)
- Alcohol cessation & rehabilitation (later, when recovering)

Q2. A 70-year-old smoker with COPD (chronic obstructive pulmonary disease) has just been admitted with severe breathlessness, wheeze, and cough with green sputum. He is talking in incomplete sentences through his oxygen mask with a respiratory rate of 18 breaths/min. On auscultation, he has reduced air entry and marked expiratory wheeze throughout. His arterial blood gas results are:

- FiO₂ : 0.75
- pH: 7.35
- pCO₂ : 6.8kPA
- pO₂ : 21.1 kPA
- Base excess : 4.9 mmol/L

What do these blood results suggest? How would you manage him?

Interviewer to note/probe:

- Identify compensated respiratory acidosis
- Recommend controlled oxygen
- Nebulizers, antibiotics, steroids, if appropriate; theophylline
- Consider NIV (non-invasive ventilation) or ITU early on
- Later, smoking cessation, consider home oxygen

Q3. A 55-year-old man has been admitted with a severe, "sharp" epigastric pain present for several hours. His blood pressure is 88/45 mmHg and he is tachycardic. He appears pale and cool to the touch. On examination, there is epigastric tenderness and voluntary guarding but the rest of his abdomen is soft. What is your differential diagnosis and how would you manage him?

Interviewer to note/probe:

- Formulate a reasonable list of differentials
- Resuscitate patient, i.e. I.V fluids
- Investigations including blood results, glucose, ECG & chest X-ray
- Consider CT imaging if stabilized

Questions – General + Core Surgical Training

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Interviewers select 1 question from each section to ask. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed from CST section.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

Q1. What are the qualities of a good doctor? Do you have those qualities?

Q2. What will be the biggest challenge in this post for you?

Q3. Give me an example of where you managed a clinical scenario well? And one where things didn't go so well?

Q4. You are dealing with an emergency on the ward and you are then called to review another patient urgently on a different ward. How do you prioritise and handle the situation?

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Q6. Describe an occasion when you have worked well in a team?

Q7. What motivates you to give your greatest effort?

(What distinguishes you from others: e.g. audits/research, teaching, courses attended & leadership skills etc.)

Q8. Describe your experience of the audit process? What did you gain from your research/audit experience? How do you critically appraise a paper?

Q9. Give me an example where you showed leadership skills?

Q10. Tell us about any teaching experiences or presentations you have done. Discuss any new teaching methods that you are aware of?

(Ethical questions/knowledge about NHS systems:)

Q11. Your F1 colleague turns up drunk on the ward one morning, what do you do?

Q12. Tell me about clinical governance? Has clinical governance improved patient safety?

Section 2: Core Surgical Training specific:

(adapted from: How to get a specialty training post: the insiders guide, Danny C.G. Lim: 2011)

Q1. You are a CT1 on-call. A 35-year-old man involved in a road traffic accident (RTA) is in your emergency Department. He has pain and bruising in the left upper quadrant. Your registrar is scrubbed up in theatre. Tell me what you would do next?

Interviewer to note/probe:

- Systematic approach as in ATLS
- Resuscitation: large-bore intravenous access, cross-match, fluids
- Recognises potentially life-threatening injury, i.e. ruptured spleen
- Involves consultant or second on call
- Inform theatre, involves anaesthetist

Q2. A 57-year-old man involved in a RTA is brought to A&E. He has a significant degloving injury of his right hand with cold and pale digits and an unpalpable radial pulse. How would you manage this patient? How long is the critical ischemia period?

Interviewer to note/probe:

- Systematic approach as in ATLS
- Resuscitation: large-bore intravenous access, cross-match, fluids
- Recognises potentially life-threatening injury, i.e. ruptured spleen
- Involves consultant or second on call
- Inform theatre, involves anaesthetist

Q3. A 55-year-old man has been admitted with a severe, "sharp" epigastric pain present for several hours. His blood pressure is 88/45 mmHg and he is tachycardic. He appears pale and cool to the touch. On examination, there is epigastric tenderness and voluntary guarding but the rest of his abdomen is soft. What is your differential diagnosis and how would you manage him?

Interviewer to note/probe:

- Formulate a reasonable list of differentials
- Resuscitate patient, i.e. I.V fluids
- Investigations including blood results, glucose, ECG & chest X-ray
- Consider CT imaging if stabilized

Questions – General + Obs & Gynaecology

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Interviewers select 1 question from each section to ask. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed from O & G section.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

- Q1. What are the qualities of a good doctor? Do you have those qualities?**
- Q2. What will be the biggest challenge in this post for you?**
- Q3. Give me an example of where you managed a clinical scenario well? And one where things didn't go so well?**
- Q4. You are dealing with an emergency on the ward and you are then called to review another patient urgently on a different ward. How do you prioritise and handle the situation?**
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- Q8. Describe your experience of the audit process? What did you gain from your research/audit experience? How do you critically appraise a paper?**
- Q9. Give me an example where you showed leadership skills?**

Q10. Tell us about any teaching experiences or presentations you have done. Discuss any new teaching methods that you are aware of?

(Ethical questions/knowledge about NHS systems:)

- Q11. Your F1 colleague turns up drunk on the ward one morning, what do you do?**
- Q12. Tell me about clinical governance? Has clinical governance improved patient safety?**

Section 2: Obs & Gynaecology specific:

(adapted from: How to get a specialty training post: the insiders guide, Danny C.G. Lim: 2011)

Q1. As an F1, you're called to see a patient 1 day post-hysterectomy. She is hypertensive and tachycardic. On examination you find her abdomen rigid with guarding and rebound tenderness. Your registrar is "scrubbed up" in theatre with an emergency Caesarean section and cannot respond. What do you do next?

Interviewer to note/probe:

- ABC, resuscitate, analgesia
- Investigate: repeat bloods, arterial blood gas, erect chest X-ray (urgent)
- Escalate to consultant or second on call
- Prepare for theatre: group and save, alert theatre, involve anaesthetist

Q2. As an F1, you have to call the locum consultant on call. He asks you to consent a patient for an exploratory laparotomy. Whilst on the phone, the patients husband arrives. He is very angry. What do you tell the consultant? How do you deal with the patients husband?

Interviewer to note/probe:

- As an F1 you don't have the experience to consent for a laparotomy be firm with consultant
- Know your limitations
- Allow husband to express his feelings. Listen and explore concerns
- Apologise and be sympathetic

Q3. Rank these 5 scenarios in order of priority. Explain what you would do and the reasoning behind your decisions:

- 45-year-old with previous endometriosis presenting with umbilical pain radiating to the right iliac fossa
- 50-year-old. 1 day post-hysterectomy hypertensive and tachycardic
- Elderly patient with calf pain, recently diagnosed with advanced ovarian cancer
- Pregnant woman, 30 weeks, with clots and large, fresh vaginal bleeding
- Referral from the medical registrar regarding a 65 year-old woman with post-menopausal bleeding

Interviewer to note/probe:

- Important to explain your rationale for your order of priority

Questions – General + Ophthalmology

N.B If you have carried out an honest self-assessment and explored your career plans thoroughly you should find that interview questions will be easier to answer. Practice using the CAMP - STAR - SPIES frameworks.

Interviewers select 1 question from each section to ask. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed from Ophthalmology section.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

- Q1. What are the qualities of a good doctor? Do you have those qualities?
- Q2. What will be the biggest challenge in this post for you?
- Q3. Give me an example of where you managed a clinical scenario well? And one where things didn't go so well?
- Q4. You are dealing with an emergency on the ward and you are then called to review another patient urgently on a different ward. How do you prioritise and handle the situation?
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- Q8. Describe your experience of the audit process? What did you gain from your research/audit experience? How do you critically appraise a paper?
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- Q10. Tell us about any teaching experiences or presentations you have done. Discuss any new teaching methods that you are aware of?

(Ethical questions/knowledge about NHS systems:)

- Q11. Your F1 colleague turns up drunk on the ward one morning, what do you do?
- Q12. Tell me about clinical governance? Has clinical governance improved patient safety?

Section 2: Ophthalmology specific:

(adapted from: How to get a specialty training post: the insiders guide, Danny C.G. Lim: 2011)

Clinical Scenarios:

Q1. How would you approach discussing the result of a Chlamydia – positive swab to a patient with chronic conjunctivitis? Discuss treatment.

Q2. A 16 year old girl is referred to the eye casualty clinic with headaches and papilledema. What would you do?

Q3. You are in casualty clinic, a patient presents with sudden loss of vision in one eye. He is very worried. What would you do?

Problem Solving Scenarios:

Q4. You note that a colleague has prescribed the wrong treatment to a patient. How would you handle the situation?

Q5. What would you do if you had concerns that a colleague is putting patients at risk?

Q6. Your consultant is off sick. The clinic is very busy and running late. A patient is angry that he has been waiting a long time to be seen. You've seen him, but you are not sure what his diagnosis is. What do you do next?

Questions – General + Paediatrics

N.B If you have carried out an honest self-assessment and explored your career plans thoroughly you should find that interview questions will be easier to answer. Practice using the CAMP - STAR - SPIES frameworks.

Interviewers select 1 question from each section to ask. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed from the Paediatrics section.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

- Q1. What are the qualities of a good doctor? Do you have those qualities?**
- Q2. What will be the biggest challenge in this post for you?**
- Q3. Give me an example of where you managed a clinical scenario well? And one where things didn't go so well?**
- Q4. You are dealing with an emergency on the ward and you are then called to review another patient urgently on a different ward. How do you prioritise and handle the situation?**
- Q5. How would you describe yourself?**
- Q6. Describe an occasion when you have worked well in a team?**
- Q7. What motivates you to give your greatest effort?**

(What distinguishes you from others: e.g. audits/research, teaching, courses attended & leadership skills etc.)

- Q8. Describe your experience of the audit process? What did you gain from your research/audit experience? How do you critically appraise a paper?**
- Q9. Give me an example where you showed leadership skills?**
- Q10. Tell us about any teaching experiences or presentations you have done. Discuss any new teaching methods that you are aware of?**

(Ethical questions/knowledge about NHS systems:)

- Q11. Your F1 colleague turns up drunk on the ward one morning, what do you do?**
- Q12. Tell me about clinical governance? Has clinical governance improved patient safety?**

Section 2: Paediatrics specific:

(adapted from: How to get a specialty training post: the insiders guide, Danny C.G. Lim: 2011)

Q1. What did you do during medical school / foundation to find out about a career in Paediatrics?

Interviewer to note/probe:

- Work experience e.g. summer school
- Foundation jobs / tasters
- Societies / audits

Q2. A 16-year old boy presents with fever and photophobia and is suspected to have viral meningitis. He requires a lumbar puncture to confirm or exclude it. Your task is to explain the procedure to him and the reasons for doing it. The teenager thinks he only has the flu and is terrified of needles. (This scenario could be a role play at interview)

Interviewer to note/probe:

- This is about communication
- Adapt communication style to that appropriate to a teenager
- Importance of listening
- Explain the importance of excluding or diagnosing meningitis

Q3. How would you manage a 5-year-old child with a fever in the Emergency Department?

Interviewer to note/probe:

- Communication style required
- Focused history and examination
- Investigation and treatment

Questions – General + Psychiatry

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Interviewers select 1 question from each section to ask. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed from the Psychiatry section.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

Q1. What are the qualities of a good doctor? Do you have those qualities?

Q2. What will be the biggest challenge in this post for you?

Q3. Give me an example of where you managed a clinical scenario well? And one where things didn't go so well?

Q4. You are dealing with an emergency on the ward and you are then called to review another patient urgently on a different ward. How do you prioritise and handle the situation?

Q5. How would you describe yourself?

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Q9. Give me an example where you showed leadership skills?

Q10. Tell us about any teaching experiences or presentations you have done. Discuss any new teaching methods that you are aware of?

(Ethical questions/knowledge about NHS systems:)

Q11. Your F1 colleague turns up drunk on the ward one morning, what do you do?

Q12. Tell me about clinical governance? Has clinical governance improved patient safety?

Section 2: Psychiatry specific:

(adapted from: How to get a specialty training post: the insiders guide, Danny C.G. Lim: 2011)

Q1. You are the ST1 on-call. There are 2 patients waiting to be seen:

- **A 25 year-old woman with a deliberate overdose of seven paracetamol tablets she took 2 hours ago**
- **An agitated, delirious 80-year-old man on a medical ward who is trying to leave.**

1. Who will you see first and why?

2. The elderly man is delirious and hallucinating. Tell me how you will assess and manage him?

3. How would you assess the 25-year-old woman? How would you evaluate her suicide risk?

Interviewer to note/probe:

- This deliberately ambiguous with minimal information. There may be no right answer, you need to prioritise appropriately. The 80 year-old man will be at risk if he leaves the ward. Unless security are present he may "escape" soon. Consumption of seven paracetamol tablets is usually not fatal. Also you need to wait 4 hours before you can request a blood test for levels.

Q2. What would you do if you suspected your consultant was becoming psychiatrically unwell?

Interviewer to note/probe:

- Ensure patient safety
- Ensure consultant safety
- Involve another consultant or clinical director
- Contact Occupational Health or the "Practitioner Health Programme"

Q3. What would you do if asked to assess a patient in the emergency Department who was refusing to speak at all?

Interviewer to note/probe:

- Involve someone the patient trusts to try and explain and encourage communication
- Observation to assess mood and signs of psychosis
- Collateral history from relatives, police, paramedics
- Physical examination (e.g. catatonic signs) and blood tests
- Consider personal safety – alarm buttons, joint assessment, positioning near exit

Questions – General + Public Health

N.B If you have carried out an honest self-assessment and explored your career plans thoroughly you should find that interview questions will be easier to answer. Practice using the CAMP - STAR - SPIES frameworks.

Interviewers select 1 question from each section to ask. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed from the Public Health section.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

- Q1. What are the qualities of a good doctor? Do you have those qualities?
 - Q2. What will be the biggest challenge in this post for you?
 - Q3. Give me an example of where you managed a clinical scenario well? And one where things didn't go so well?
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- Q8. Describe your experience of the audit process? What did you gain from your research/audit experience? How do you critically appraise a paper?
 - Q9. Give me an example where you showed leadership skills?
 - Q10. Tell us about any teaching experiences or presentations you have done. Discuss any new teaching methods that you are aware of?

(Ethical questions/knowledge about NHS systems:)

- Q11. Your F1 colleague turns up drunk on the ward one morning, what do you do?
- Q12. Tell me about clinical governance? Has clinical governance improved patient safety?

Section 2: Public Health specific:

(adapted from: How to get a specialty training post: the insiders guide, Danny C.G. Lim: 2011)

- Q1. What experience in your work, related to public health, has motivated you to pursue a career in public health?
- Q2. Recent figures from emergency Departments across the country demonstrate a recent surge in the number of cyclists injured in road traffic accidents. How would you investigate this and what action would you suggest?

Interviewer to note/probe:

- Consult all stakeholders? (Emergency Depts, cyclists, local councils, schools, cycling groups)
- Attempt to identify causes for the upsurge (more cyclists, increased traffic density)
- Corroborate data with other sources
- Suggest a plan (speed cameras, educate cyclists)
- Re-evaluate changes

Previous applicants have been asked to critically appraise a paper. They have also been asked if they would adopt a new initiative on the basis of the paper. This is an exercise in evidence-based medicine (EBM). Make sure you know about EBM, which is at the heart of public health.

Questions – General + Radiology

N.B If you have carried out an honest self-assessment and explored your career plans thoroughly you should find that interview questions will be easier to answer. Practice using the CAMP - STAR - SPIES frameworks.

Interviewers select 1 question from each section to ask. Interviewee will have 5 minutes to answer each question before receiving feedback. Observer to monitor time and give a 1 minute warning before the 5 minutes is up and 2nd question is posed from the Radiology section.

Section 1: General Interview Questions:

(About you: self-assessment: the sort of person you are, skills, knowledge, attitudes, values, motivation levels? Do you have the ability to get on with others, work in a team?)

- Q1. What are the qualities of a good doctor? Do you have those qualities?
 - Q2. What will be the biggest challenge in this post for you?
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(Ethical questions/knowledge about NHS systems:)

- Q11. Your F1 colleague turns up drunk on the ward one morning, what do you do?
- Q12. Tell me about clinical governance? Has clinical governance improved patient safety?

Section 2: Radiology specific:

(adapted from: How to get a specialty training post: the insiders guide, Danny C.G. Lim: 2011)

Q1. You are informed by a radiology nurse that a colleague of yours is about to start doing an ultrasound-guided drainage procedure but she suspects your colleague is under the influence of alcohol. What would you do?

Interviewer to note/probe:

- Ensure patient safety: postpone procedure or find alternative operator
- Ensure colleague safety: find private place to rest, ask nurse to monitor
- Escalate: inform clinical director, another consultant
- Personal: offer support, talk to colleague

Q2. Tell us about a case you have been involved in where radiology was central to your patient's management?

Q3. Increasingly, non-radiologists are involved in image interpretation or interventional work. For example, specialist radiographers now interpret images. Will there still be a need for radiologists in the future?

Speaker Evaluation Form

Topic: Careers Workshop F1/F2 (delete as required)

Facilitator:

Date:

Please tick the box which reflects your experience

(1 - Least Favourable4 - Excellent)

	1	2	3	4
1. How well was the session conducted?				
2. How useful did you find the session?				

Comments: (what went well/what can be improved)