

SpR Interview

Introduction

- There are too many applicants for NTN jobs
- Getting a job is to some extent depends up on demand and supply
- Paediatric NTN jobs are very competitive
- You need smooth journey – 3 years as SHO, passing exam at the right time and something extra
- SHO jobs – neonatal SHO in a teaching hospital, rotational SHO in a teaching hospital or at least 6 months in a specialist paediatric unit – Cardiology, nephrology and so on.
- SHO for more than 4 years – not a good sign
- Too many LATS (not more than 2) LAS and locums will go against you.
- Must have done a good audit - presented or published
- MSc would help – Ethics, research methodology, audiology, management and teaching skills and so on
- 2nd On –call SHO is DGH – may not be useful
- MD from UK would be very useful
- Good publication and presentation
- Don't forget to write about your management skills – rota is a good example
- Well written CV is very important

Visiting the place

- Should not be counted but most do!
- It shows how much you are really interested
- Meet consultants, see the unit and ask few questions
- Life is nothing but acting and full of un-written rules

Interview Skill

- Same principle as in SHO
- Non-verbal skills - Smile, friendly appearance, variation in voice, tone, presentation, words you use, your body language – all these matter.
- Assertive but not aggressive
- Polite but not begging
- Confident but not over confident
- Gentle but firm
- Talk about – Team, nurses contribution, communication, child and family, quality, improvement, development and so on.
- Use political correct jargons but know the meaning – eg – clinical governance
- Don't use statements or definition but the meaning of that
- Use positive things rather than negative things

Please note these are my answers. Be careful use them as an example (only if you like them). Do not by heart them you will be caught. Do not appear in the interview as if you are regurgitating an answer.

Common Questions

1. Take me through your CV.

I did my basic medical degree from southern India and it was while working with children that I decided to be a paediatrician and fortunately got my MD seat and successfully completed MD in India. I then decided to get further experience in a developing country mainly to learn about neonatology and to be a specialist paediatrician hence came to UK and passed PLAB 3 years ago. Fortunately I managed to get good SHO jobs and worked in Neonatal unit inhospital, cardiology inhospital and general paediatrics in.....hospital. Then I worked as LAThospital. I also did MSc degree in research methodology and now I feel it is time for me to move on and SpR job in paediatrics is naturally then next step and here I am.

2. Tell me about your MSc.

Research is absolutely essential for the progression of medical science. It is only by conducting proper research that we can improve the quality of care to our children. But it is important that the research is of good quality hence I decided to do MSc in research methodology. It has been a hard work but a wonderful experience. I can at least keep my hand on my heart and say that I do understand the basic principles of conducting research and how important it is to do a proper research. I learnt basic principles of research, statistical analysis and so on. I thoroughly enjoyed it.

How come you don't have any publications then?

It may sound like an excuse but it has been difficult to find time to do a proper research while doing SHO jobs, MSc and a family life. But now that I have completed my MSc and have basic idea about research it is my intention to conduct a couple of good research. I am thinking of some research in UTI in children with all the controversy and so on.

(Questions from Newcastle Interview)

1. Tell us about the best job you have done and why?

The best job I have done was while I was in Oxford as a research registrar. It was a good balance between clinical work and research, which was good about it. I had 3 full days to carry out my research and remaining 2 days for clinical work. The team was good and the academic activities were just superb. Most lunch time there were teaching sessions and to learn from people of such a high calibre was just fantastic and I feel I got most out of that job.

2. Tell us about the best audit you have done and changes brought about

The best audit I have done was the audit of 53 patients with "Failure to thrive". These were the children referred to the department with failure to thrive for which there were no obvious cause. I analysed the a few things like

- a) Investigations done
- b) Referral to the dietician
- c) Advice given
- d) Follow up
- e) Out come after 2 years

35% did not attend follow up

40% were not referred to the dietician

Most interesting was 20% were not actually failing to thrive – these were the babies born <3rd centile but following same centile but coded as failure to thrive.

30% babies improved with simple dietic advice

20% no change – the weight dropped by two major centile but continued at that level

Changes brought out

Clear policy was written – what investigations, when to refer to the dietician, what to do when they do not attend.

3. How does research contribute to a training programme?

Research is absolutely essential as without research the science won't progress and we won't be improving the care we offer to our children. So it is important to do research but the quality of research also must be good. Not only that it is important to understand the research methodology so that a doctor can evaluate any published research in a rational basis and come to conclusion as the validity or that research and whether to use if in his/her personal practice. Yes, it is important and it will contribute to the training.

4. Should all SpR's do research?

That is difficult to answer. In an ideal world yes but it is important to look at the funding available, can we create so many research jobs or can we do research while doing a clinical job. I strongly feel it is important to understand the principles of research.

5. What did you learn from doing research?

I learnt a lot. First of all the research methodology and how to critically evaluate the published material. Secondly how difficult it is to do a clinical research, learnt to use Medline and statistical aspects of research and so

on. Clinical practice has more or less clearly defined boundaries and there are lot of seniors to guide you and advice you but while doing research it can be a lonely job.

6. Where do you see yourself in 10 years?

In an ideal world I would like to get an NTN SpR job and publish a few good quality papers. I would like to develop some special interest preferably respiratory problems in children. Hopefully will get a good consultant job in a good department where I can be an integral part of the department and be a valued member of that team where colleagues, patients, parents and of course GPs will be proud of me. Of course I would also like to make sure I am a proud father and good husband as well.

7. Tell us about a critical incident, which you think you, handled well

It is a tragic story. I was the registrar on-call and a 5-month-old baby was brought it to A&E department. Baby was seen by my SHO and was sent home and I was not even informed. Next day baby was brought in critically ill and died within an hour and the diagnosis was meningitis. The whole team was devastated. The irony was the sister in A&E did tell my SHO to discuss with the registrar but SHO didn't. She is a good SHO and felt confidant about her diagnosis. She was devastated. I initially spoke with her and supported her and explained how important it is take senior sister's advice and how quickly young babies can deteriorate. I then informed on-call consultant who I think handled the whole situation very well. He called a meeting of whole team, A&E consultants, nursing staff, paediatric team and we looked at the series of events and there was a clear policy written. He reported the incidence to the Clinical director and the medical director. He also met with the parents and apologised and told them the changes implemented. I learnt a lot of lessons and would always remember the tragedy and the child will stay with me forever. That SHO is now doing a rotation job and I have no doubt has a bright future.

8. Who is a good teacher?

A good teacher is the one who makes his students understand what he or she teaches. Inspires his or her students and helps them to learn, develop and in our profession makes them a good doctor.

9. What is your teaching experience?

I have been very fortunate. Teaching is my strength unlike research, which is probably my weakness. I have always thought not only while doing my DCH in India but throughout my career in this country. I have thought medical students, nurses and my junior SHO in the ward round. It is my intention to do MSc in teaching methodology.

10. How do you plan a teaching session?

First and foremost to make sure that the subject I teach is interesting and useful and fits in with the departmental requirement. Then to find out the audience and do lot of preparatory work. I would start off simple and then build the topic and always finish with some recent advances about the subject. Make it simple, easy to understand and always give some handouts so that audience can concentrate in what I am saying rather than busy in scribbling and refer to my notes later.

11. What are the qualities of a leader?

A good leader is the one who knows how to take the team with him or her. He or she always leads from the front, gets involved, keeps the team informed. He or she is the one who wins heart and mind of his team and makes sure the success belong to the team. Of course he must have a vision as well.

12. Are you a leader?

I hope so but I think it is the question, which is best, asked to my team.

13. Tell us about your management experience

So far very minimal. I have done the rota for the department and did attend a course on management training for SpR. But of course I do manage my family budget and so far have done not too bad. I am very keen to take part in the management as I strongly feel it is only by clinicians and managers working together that we can improve our patient care.

Dear friends please let me have your feedback whether positive or negative. It is only by knowing what is wrong with me that I can improve. But please be gentle and constructive in your criticisms.

Thanks a lot

Umesh Prabhu

:: Best of Luck ::