Trainees' Forum

How to get the Senior Registrar post you want

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'Have you thought about the questions you will be asked by the selection committee?' asked a friendly consultant colleague shortly before I attended my first interview for a senior registrar post. My application had been deeply considered, I thought, and I felt myself to be well prepared for success. My failure to get the job was an unexpected blow, but also one from which I subsequently learned some important lessons. Retiring to commiserate with the successful candidate over a cup of coffee, I was lucky enough to obtain by chance some helpful feedback on my sorry performance that afternoon. I had, I learned, conveyed an impression of ambivalence about wanting the job, and worse, uncertainty about the direction of my future career. I was amazed. However, subsequent conversations with a non-medical friend who was the veteran of many such encounters (from both sides of the interviewing table) soon revealed the many ways in which I had doomed myself to failure. I determined to do better next time, and set out to gather as much expertise as I could. I present the fruit of these researches here, in the hope that they will prove useful to others in a similar position.

There have been a rash of articles[1] in the past year or so advising young doctors on how best to proceed with their chosen careers and methods of application, but few of them have discussed what might be described as the microscopic details required. Despite all our professional training in assessing our patients, we are often all too thoughtless, even naive, when we ourselves become the subjects of assessment procedures. We assume that if we are well trained and conscientious doctors, complete our job applications legibly, obtain reasonably favourable references, and turn up clean, tidy and sober to be interviewed, all will be well. If we are disappointed, we creep away to lick our wounds, hoping to be more successful on another day. We avoid discussion of our 'bad luck', and may fail to define the degree to which we have flouted the unwritten rules of the game.

Attention to the skills of interview technique has added an important dimension to courses preparing candidates for higher examinations. 'Mock' exams and clinical interviews acknowledge the value of rehearsal, and permit analysis of performance in some detail. The Association of Psychiatrists in Training (APIT) recently went one step further, mounting courses which largely exclude conventional 'substance' (i.e. scholarship and clinical skills) the better to concentrate on aspects of style. Executive trainings in interview technique are becoming common in the business world, but lack their counterparts in the medical profession which retains a touching faith that integrity and the old boy network will suffice to speed you on your professional way. Many of us are blessed with native talents in the necessary performing arts; others will need to prepare their campaigns thoughtfully and to rehearse their strategies with care, availing themselves wherever possible of video, tape and live feedback on performance.

Predictable questions and their meaning

The interviewers you encounter will ask you some searching questions. The list below offers some common examples of these. Think carefully about each one: who is asking it and why; what interest group does he represent; how may you use the question to display your experience, interests and personality to best advantage?

Although answers should be prepared as a basis for discussion rather than a part to be parrotted, you will find it useful to rehearse them aloud with a friend, and thus give yourself some idea whether they carry the required conviction and clarity. Three or four points should be enumerated and excessive brevity, lengthiness, modesty and grandiosity should be avoided. Rehearsal will help you to retain your confidence and fluency, to say what you want to say, notwithstanding the heat of the moment, and avoid the undesirable impression—so easy to give if anxious and unprepared—that you are thinking about basic issues for the first time.[2]

1. Why are you interested in this speciality? (What are your ideas at present—avoid historical accounts.)
2. Why do you want *this* job? (How much do you know about it?)
3. What makes you think you would be suitable for this job? (Are you experienced enough?)
4. What *special* skills/attributes do you have to offer? (What 'special offers' are you making?).
5. Do you have any special interests? (Will these conflict with/enhance your work?)
6. What are your intentions towards obtaining a higher degree? (How academically ambitious are you?)
7. What are your research interests/plans/papers? (How sophisticated are you in this field? Be prepared to be 'grilled' on details.)
8. What is the one thing you would like to discover? (How realistically ambitious are you?)
9. What do you want to be famous for? (How ambitious

are you in the longer term?)

10. What do you see yourself doing in 5–10 years' time? (Are your career plans thought through in reasonable detail?)
11. How would you handle this (clinical problem)? (Can you think 'on your feet'?) How many (specific procedure) have you done/managed?
12. Teaching experience: Your views/experience. (How can you contribute to staff/student training?)
13. What are your strengths/weaknesses? (What sort of personal contribution will you make to my team? Most people mention empathy and sense of humour!)
14. What books have you read recently/influenced you most?
15. Gaps in your CV/exam failures, etc.
16. What does your spouse feel about you moving to this post? (Will there be a conflict of interest with spouse's career?)
17. What are your plans about marriage/child rearing, and how do you see these affecting your work? (Are you likely to need time off, or will you make alternative child care arrangements?)
18. What outside interests/hobbies do you have? (Are you a mere workaholic?)

These questions will arise both during your exploratory visits to the department and during the formal interview. It is therefore advisable to have composed your thoughts well before you take your place on the short list. Your visit to the department will allow you the opportunity to make a rapport with the senior members who may reappear on the selection committee, and alert you to questions to which you will need to address yourself before proceeding to the final interview.

The interview

From the interviewer's point of views the aims are, firstly, to establish that the facts given in the curriculum vitae are correct and to obtain further details of your past experience; to make sure that you are aware of the duties of the advertised post and to find out why you want the job. Secondly, the interviewers will seek to gain some impression of your personality, drive, enthusiasm and mental agility. We may now pause to consider the more neglected performance skills of the interviewee.

We are often unaware how strongly our immediate impressions colour our attitude to and expectations of anyone we meet. Our clinical training, however, teaches us to be alert to clues of the sublest kind; a preliminary diagnosis may be reached as soon as the patient walks into the consulting room. We assess at a glance general health and appearance, appropriateness of dress and behaviour, and soon gain a further impression of personality from the quality of the rapport made, the degree of eye contact, and from the tonal qualities of the voice. We sometimes forget or dismiss these considerations in relation to ourselves.

What you wear for the interview depends on your personal style, but it should lean towards the sober and decent, and convey an impression of reliability and competence. It is interesting to reflect, in this connection, on the success of Margaret Thatcher as Prime Minister. She has, as one political commentator remarked, retained unprecedented popularity despite presiding over a devastating escalation in unemployment and decline in national living standards. Her power derives not only from political acumen, but from a certain 'presence'. Her impeccable 'grooming', lack of fussy adornment and superfluous gesticulation, her unswerving gaze and slow, carefully modulated voice combine to convey a convincing impression of honesty, conviction, and competence. It is an image that has been carefully wrought, with no lack of expert coaching and advice.

You are sitting in the candidate's chair as the Chairman introduces you to the interviewing panel. Sit well back in your seat and clasp your hands in your lap. Take slow deep breaths into your lower lungs as you briefly look at each person being introduced to you. This will clear your head, steady your pulse, and allow you to produce a firm, audible voice when answering questions. If you suffer badly from the peripheral symptoms of anxiety you may find it useful to avoid drinking coffee that day and to take a suitable dose of a beta-blocking agent before the interview.

Listen carefully to questions addressed to you, and address your answers to the questioner. Try to avoid nervous gestures such as gesticulating, or looking at the ceiling while you think. Friends or friendly colleagues should be invited to tell you what these are before you reach the interview, since you may be unaware of them yourself.

It is easy to be overawed by the powerful and distinguished members of the interviewing panel and to become stiff and unresponsive in their company, particularly when asked a difficult question. Try to imagine that you are alone with your questioner and assume that he is taking a genuine and friendly interest in what you have to say. Some have found it helpful to imagine that they are talking to an inexperienced younger colleague. Your interviewer must come to feel that you are competent and thoughtful, but he must not be lectured to or patronized. He may well be overworked or over-extended and keen to find a pleasant and reliable colleague with whom to share his load. He may have been put to some inconvenience to attend the committee and he may be tired, bored, or even hungry. Try to warm to the man! He is doing his best to put you at your ease and allow you to display your talents.

You may have discovered what hard work this can be if you have helped to prepare junior colleagues for examination interviews. Mock interviews hold a mirror to the performer's art and reveal unexpected insights into the interviewer's mind: frustration with the candidate who avoids your gaze or makes no apparent effort to respond informatively, irritation with the verbose, evasive or over-

confident, and appreciation of alert responsiveness.

Lastly, you may be asked if there are any questions you wish to ask the committee. However, you should already have gathered the information that you need, and should avoid asking a question merely for the sake of doing so. Further, this is certainly not the best place to ask about money, leave, or other personal considerations that may occur to you. This may suggest lack of real interest in, or commitment to the job.

Having stressed the importance of preparation and rehearsal in the avoidance of 'bad luck', I would like to conclude on a different note. A good interview, whether in the consulting room or in the committee chamber, must combine preparedness with spontaneity and naturalness. You will destroy rapport with a patient if you hustle him through a list of questions and similarly you will appear glib and inauthentic if you approach an interviewer with a list of stock responses. It is impossible, of course, to prepare to be natural and spontaneous, but it is possible to allow these qualities to emerge by removing some of the anxiety and lack of forethought that may stifle budding success.

References

[1]Rhodes, P. (1983) Letters to a young doctor. *British Medical Journal*, **286**, 618; 706; 784.

[2]Stewart, R. H. M. (1971) The art of being interviewed. *Lancet*, **i**, 127–29.

The Use of Film in Psychiatry

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The magic lantern was first demonstrated in 1660 by Christian Huygens, a Dutch physicist, and by the 18th century 'moving' slides were being shown, as in Robertson's 'Phantasmagoria' in 1798. At the same time dissolving slides, using more than one lantern, and optical toys, based on persistence of vision, were being displayed. The resynthesis of motion recorded as photographic images was first carried out by Eudweard J. Muybridge in 1879, using twenty-four cameras and trip wires to photograph a moving horse. The development of flexible light-sensitive film, in association with an intermittent movement and shutter, anticipated the inauguration of the public cinema in 1896.

Film was being shown at medical and surgical conferences by the turn of the century and its scientific use was considerably enhanced by the introduction of non-flammable 16mm film by Mees in 1923. The potentials of Super 8 film, launched in 1965, were never fully exploited due to the more impressive technical developments made in television recording since that time. The records of the BMA's film library show that the production of psychiatric films finally reached its peak in the 1960s.

The commercial cinema has produced many films with a mental health content and even in 1913 over fifty films in the Pathé film library in Paris were said to be of some psychiatric interest. With the development of the cinema as a political force in the 1930s, especially in Germany, and as a propaganda medium in the 1940s, the relevance of cutting, camera angles, sound reinforcement and other cinematic techniques to arousal, empathy and conditioning became more appreciated and sophisticated. Entertainment films have also been shown to have value in psychiatric teaching; Annear[1] used *The Seventh Veil* (psychoneurosis), *Through a Glass Darkly* (schizophrenia), *Frenzy* (psychopathy), *Lolita* (psychosexual), *Who's Afraid of Virgiania Woolf?* (alcoholism) and *The War Game* (disasters) for this purpose.

An early pioneer in the use of film in psychiatry was Gesell (1934)[2] who recorded child development at Yale through a one-way vision dome. At the same time Lewin[3] used film to study children's reactions to their environment, although the grasping and Babinski reflexes of babies had been recorded much earlier by Watson in 1921[4] and Gilbreth[5] had used films for time and motion studies before the First World War. In the 1930s the clinical features of schizophrenia, paranoia and other psychoses were being recorded by Leighton[6] and in the early post-war years Lehmann[7] continued this aspect in his *Mental Symptoms* series made with the National Film Board of Canada.

Specific therapies were well represented. In the early 1940s Patterson[8] filmed modified ECT and Freeman and Watts[9] recorded the operation of leucotomy. In 1944 Fitzgerald and Loginotto[10] made a film on insulin coma therapy, and in the same year Moreno[11] explored the therapeutic uses of film, as later did Müller and Bader[12] by getting patients to make a movie as part of group therapy. Prados[13] was also using film for psychotherapy at about this time.

Film had been found to be of special value in studies of children. In the late 1940s Spitz[14] recorded the first reactions of the new-born and Robertson[15] (1952) commenced his studies of children in separation. Other uses were being explored at about this time. Fulgham and Pasternack[16] used motion pictures as a double-blind technique in a drug trial and Cornelison and Arsenian[17] studied the response of psychotic patients to photographic self-image experience. In Paris Duché and Duvivier[18] were creating artistic interpretations of psychotic conditions on film and Margaret Mead[19] was continuing her use of film in anthropological studies. Appraisal of the actual impact of film was comparatively neglected, although Lynn[20] had attempted to measure facial responses to stimulation by film, and this aspect was further explored in the 1940s in a large-scale survey by Mary Field (Director of the Children's Film Foundation) of the responses of children to entertainment films, using infra-red