

Interview Preparation

How prepared are you for your interview?

Interview panels are made up of people who interview regularly, and consequently have learnt through some tough questioning what makes a good candidate.

The trap that many candidates fall into is failing to answer the question in the right way.

Our top tips for answering interview questions are these:

- Don't simply answer the question. Remember your job is to sell yourself to the interview panel, not to have an intellectual discussion about current issues in the NHS.
- Populate your answer with examples. These examples should be from your past practice/behaviour so that you can demonstrate that not only **would** you do something, but that you **have done so in the recent past**.
- Be positive wherever you can. Panels like positive people. So if you are asked about changes in the NHS, start your answer by stressing why the change is a good thing first, before giving (any) down side.
- Remember to fire back at them the ammunition you gathered when you were working your way around the unit in preparation for your interview.

Here is an interview question with a 'typical' answer, and one we think of as a very good example:

Q: 'How did you feel about undergoing 360 degree appraisal'.

A: Typical answer: (*show I am open to feedback*) I am pleased to be involved. Lots of the feedback I have had has been positive, and the other areas I have been glad to get feedback on and a chance to improve.

Our advice using the same question and answer again, (but with your thoughts in brackets)

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Q: 'How did you feel about undergoing 360 degree appraisal'.

A: (***show I am open to feedback, and stress examples and what I can bring to Bigtown NHS Trust, as well as showing my research***) This is something I know is being introduced for Consultants at Bigtown, and I am very keen to get involved. Of course, I have been getting 360 degree feedback as a junior at Midtown, and also as preparation for this interview, I have undertaken my own 360 degree feedback from Nurses, Relatives, Consultants, peers and clinicians in related specialties. One area that I have been helped by in my feedback is in opening up the chances to do more teaching. I received feedback that the approach I was taking to teaching medical students was helping them in their anatomy vivas, and working with Dr Battcock at the Deanery we have put together a programme for all medical student training in left handed diabetes. I have also been talking to Professor Jones here at Bigtown University, and he and I are very keen to adopt this approach in teaching medical students here at Bigtown.

Q: Do you think audit is important?

A: Yes, I think audit is a crucial component of clinical governance and that all doctors should audit their practice regularly. Of the seven key components of clinical governance audit is a crucial one, designed to measure what we do against the 'gold standard'.

Our advice using the same question and answer again, (but with your thoughts in brackets)

Q: Do you think audit is important?

A: (***must remember to sell myself, not just answer the question, and to give a relevant example***) Yes, I think that audit is one of the key seven components of clinical governance. I have consistently audited my practice on left-handed people with diabetes, and was pleased to be selected to present the audit at the Vancouver meeting on Left-handed people with diabetes in January this year. It was particularly pleasing because several people have contacted me since that meeting and have said that they have been able to offer better outcomes to their patients as a result. One audit that I would like to carry out at Bigtown if I were successful at the interview today is one on how we ask left-handed people with diabetes to present their right arms for the monitoring of blood pressure, something I know Professor Smith and Dr. Patel are very keen to do.

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The example above is longer, but it contains key components of an excellent answer:

- An example is given
- The example is one that 'sells' the doctor as an above-average one
- (importantly) mention is made of what this means to the patient
- The candidate is demonstrating their keenness to be appointed and that they have done their research

Here we go again, this time with a different question:

Q: There are four candidates here today, why should we give you the job rather than one of them?

A: I am a very good team player, very keen to do teaching and research, and a well-trained and highly competent physician, who has had a good all-round training that would make me suitable for this post.

Our advice using the same question and answer again, (but with your thoughts in brackets)

Q: There are four candidates here today, why should we give you the job rather than one of them?

A: ***(must sell myself, give examples, go beyond the question and think about what I have that is unique that could improve the service here at Bigtown)*** My 360 degree feedback ***(gathered from that e mail I sent to everyone and my last assessment)*** from Consultant, peers, nurses and managers, stresses that I am strong in three of the qualities needed here at Bigtown ***(which I got off the job description)*** I am seen as a good team player, good at teaching and research and very skilled with left-handed people with diabetes. May I give you an example of each? My team player strengths were demonstrated when I was part of the team that set up the new outreach service for left-handed people with diabetes when I worked at Big City, and there were challenging issues to overcome; my teaching skills have led to a new section of the course for pharmacists at Middle City being introduced to improve training outcomes, and my clinical skills were proven when I was key in setting up and running the new drop-in clinic at Big City, which routinely produced results 5% better than the normal Outpatient clinics.

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What I think I could bring to Bigtown would be those skills to help set up the new outreach clinic at Middle Suburb, develop the teaching and training for the nurse-led clinics, something Sister Smith and I have discussed, and clinically to develop a new drop in centre here at Bigtown, something I know Mr Patel from the Primary Care Trust and Professor Bloggs here are very keen to do.

Reasons why this (although a lot longer) is a better answer:

- An example of each strength is given
- The examples are ones that 'sells' the doctor as an above-average one
- The research is well-shown with names being brought in as appropriate
- The examples given include ones from beyond what a junior might do on a normal rotation (i.e. they had good ideas for training pharmacists that were taken up)
- The candidate is demonstrating their keenness to be appointed and what they could do if appointed

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After the interview

Whether you are successful or not, it is important to ask for feedback from the interview panel, which is often offered by the panel, but not always taken up. It is easy to understand why people fail to ask for feedback:

- They may believe this job was a 'done deal' before the interview, and they were unlikely to get it anyway
- There is a deep gloom surrounding everything about this hospital in your mind now; you certainly don't want to go back soon
- They will only give you placatory answers anyway (e.g. you were a very good candidate, on another day you might have got appointed, you were unlucky to come up against a better candidate on the day)

However, we think it is crucial you get feedback when you fail, as it can be a great way of getting improvement between now and the next job you apply for.

Take it upon your self to tell the person giving you the feedback that you accept that the better person was chosen (despite how bad or bitter you may feel) and that you would be glad of any and all feedback to help you improve the next time. This helps the panellist giving you the feedback, as otherwise they may tread carefully around you in an attempt to keep you placated and not put in an official complaint.

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