

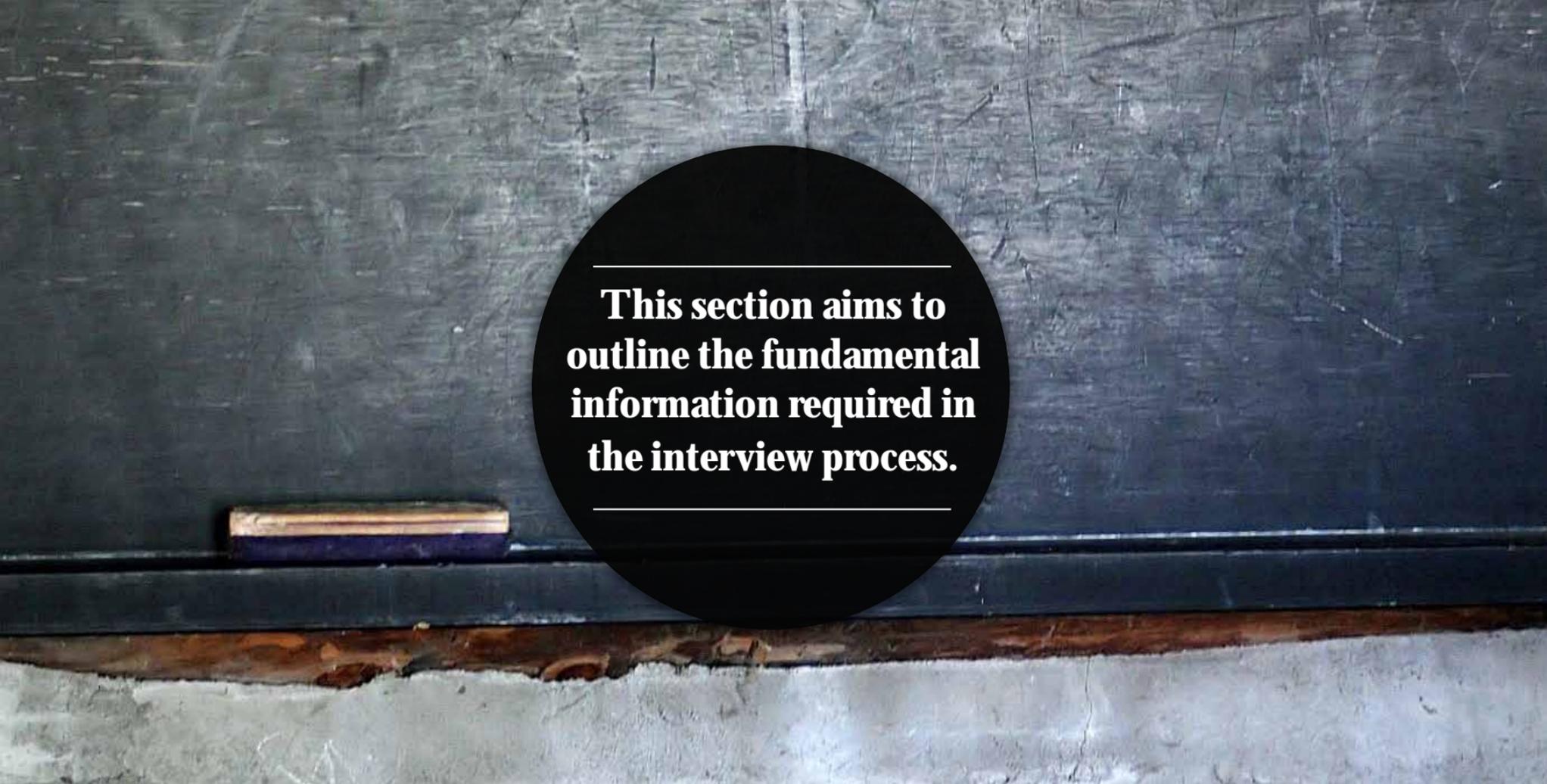
The Challenge

UNDERSTANDING MEDICAL INTERVIEWS

With

RAHUL PATHAK



A blackboard with a wooden eraser and a piece of chalk. The text is centered in a black circle.

**This section aims to
outline the fundamental
information required in
the interview process.**

GENERAL PROTOCOL

- Generally medical interviews will take place from November to April.
- A standard interview with 2 or more interviewers is possible.
- Some universities have; a group task, a video to analyse, a scenario to discuss, a "role play" with a patient.
- The process takes 20 minutes or more, depending on the university.

THE ARRIVAL

- Plan how you will get there “Perfect planning prevents piss poor performance”
- Obviously arrive early otherwise you will start to panic, this is unwise.
- If you are late call the university and declare the situation.
- Go for smart casual.

BODY LANGUAGE

- I will attempt to give **GENERAL** advice on this section, do not follow this rigidly.
- Don't cross your arms, slouch, put hands in pockets.
- Eye contact shows interest (Max 5sec or this will be weird), smile appropriately.
- Try to mention the interviewer by name "as Mr/Mrs/Dr. X said I also..." this will catch their attention.
- If you can, have at least one mock interview since practise is important.

METHOD

1

Listen to the question.

What's the most important feature of the question, what do they want from you?

2

Pause, think then answer the question.

Use medical terms which might relate e.g. teamwork (multidisciplinary) .

3

If unsure or need time, ask to repeat (Don't do this more than twice). If you don't know admit it.

Stall for time or didn't understand? Follow this pattern.

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RELATE TO FUNCTION

- Draw on work experience, avoid superficial detail “I did X, then Y, Z was also interesting and satisfying...” try to include specific detail “I came in spoke to nurses, doctors and physicians showing the importance of teamwork when dealing with a single patient...”
- Mention key words, in this case “teamwork” if you can slide in “multi disciplinary team” it will be good (they seem to like it for some reason.)
- Personal statement question’s again mention what you learned rather than a list of what you did. Know your personal statement backwards.

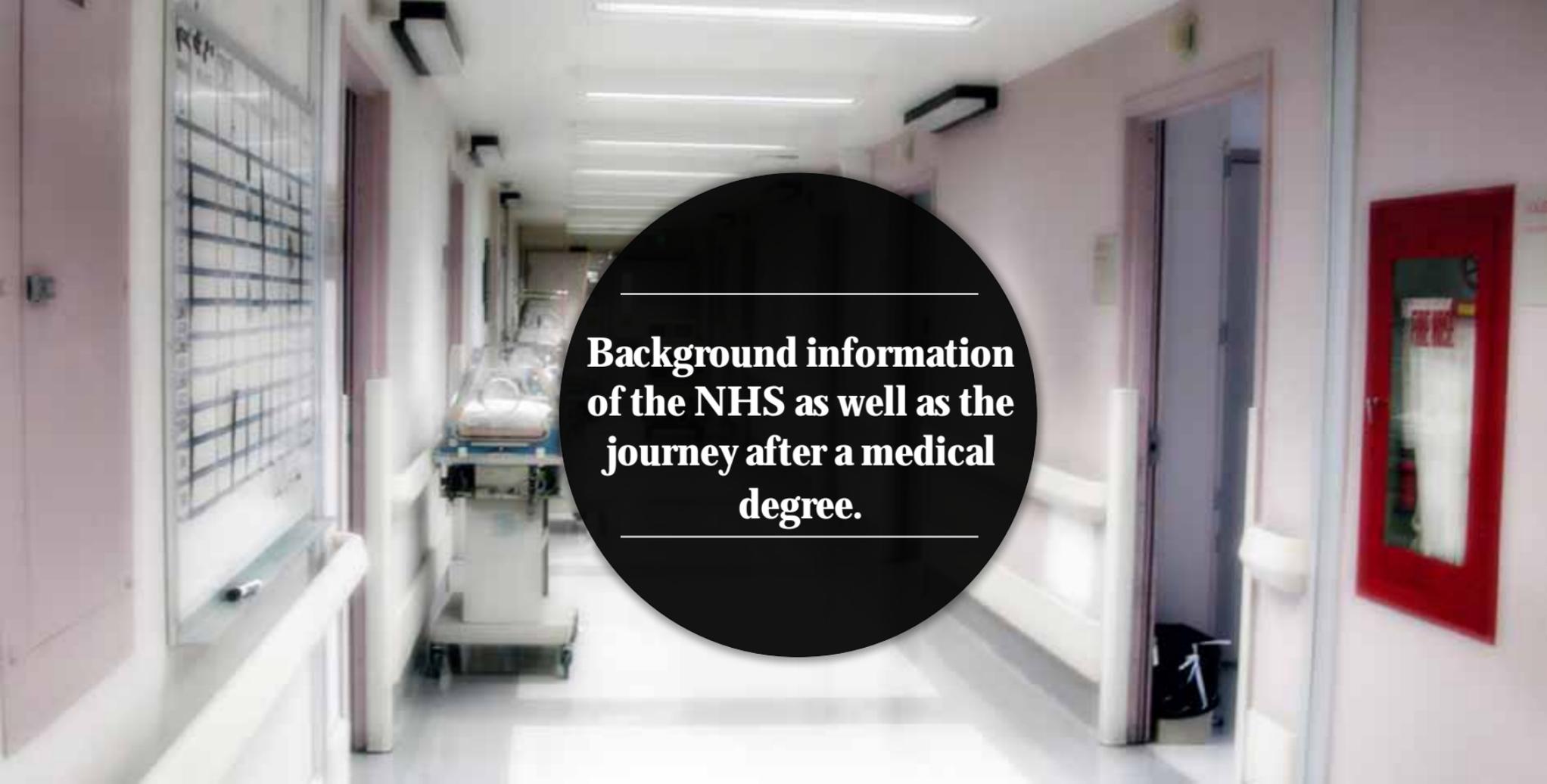
IMPRESSIVE

- Awareness of the GMC and knowing what they declare to be a good doctor (honest and trustworthy, maintain good relationship with patient etc.).
- Quoting the GMC would be impressive but when done appropriately.
- Analyze your skill set effectively to show that you are; aware of your limitations, have empathy, integrity and honesty.
- If you have done the BMAT they may have a copy of your essay, try to remember what you said and the question you answered and prepare to defend your views.

GENERAL QUESTIONS

- These are the generic questions which you are bound to be asked, at any university.

1. Why <insert university here>?
2. Why Medicine?
3. Why should we allow you into our university?
4. What will you do if you don't get in?
5. Why do you want to be a doctor?

A photograph of a hospital hallway. In the center, a gurney with a patient is being pushed down the corridor. To the left, there is a whiteboard with a grid. To the right, a red fire alarm pull station is mounted on the wall. The hallway is brightly lit with overhead fluorescent lights.

**Background information
of the NHS as well as the
journey after a medical
degree.**

MEDICAL CAREER (AFTER UNIVERSITY)

Known as ST 1-4+ since it takes 1-4 + years depending on the type of specialist training.

You will be placed on GMC register at ST2 MRCP will be complete.

The Final Stage of the career in which you start practising as a GP or consultant.

Senior doctor

Specialist Training

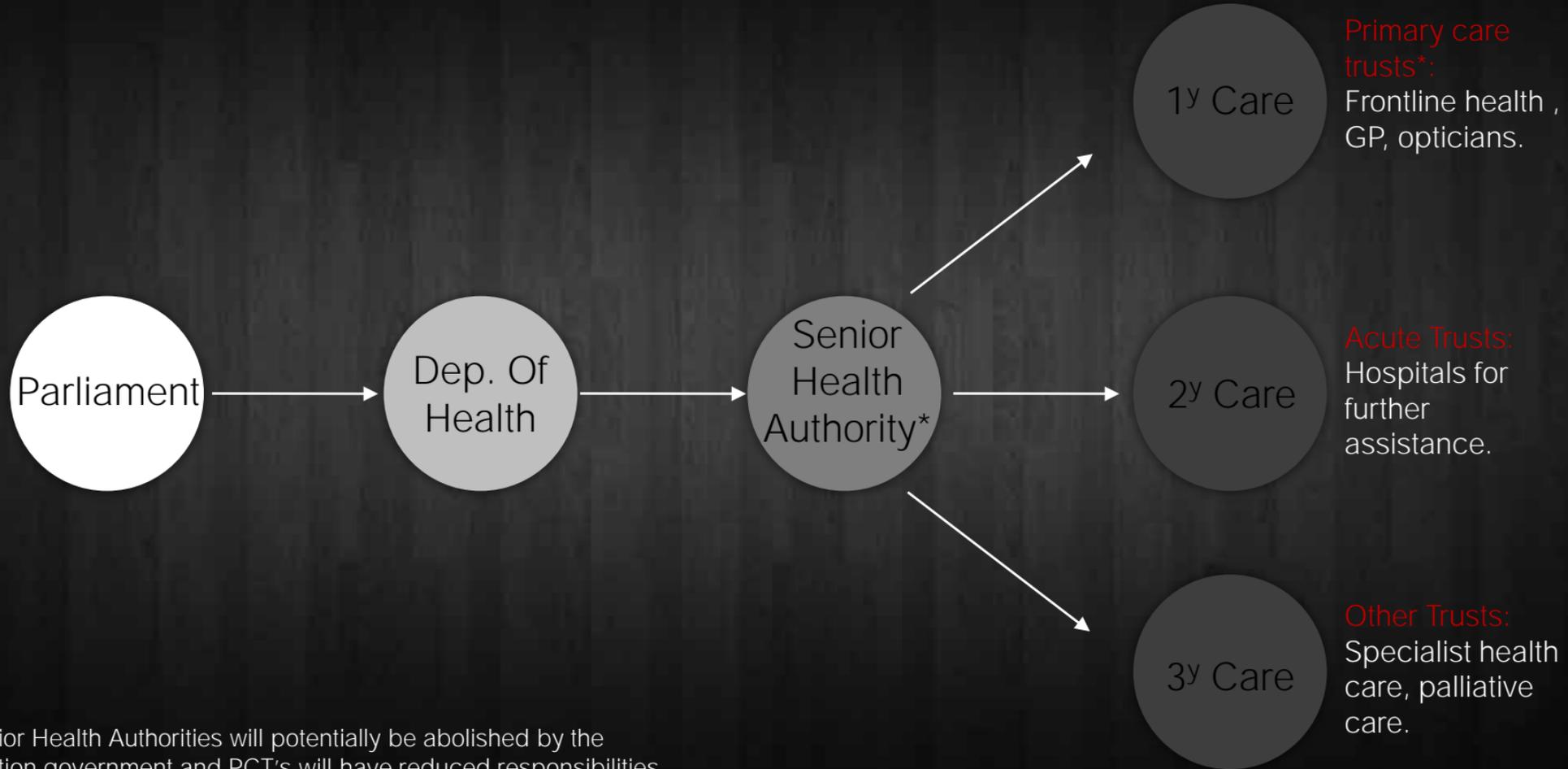
Junior Doctors

Start of FY1 (foundation year) is pre registration by GMC then full registration at the end of FY1.

At the end of FY2 most have done the 1st part of MRCP or MRCS

BACKGROUND KNOWLEDGE

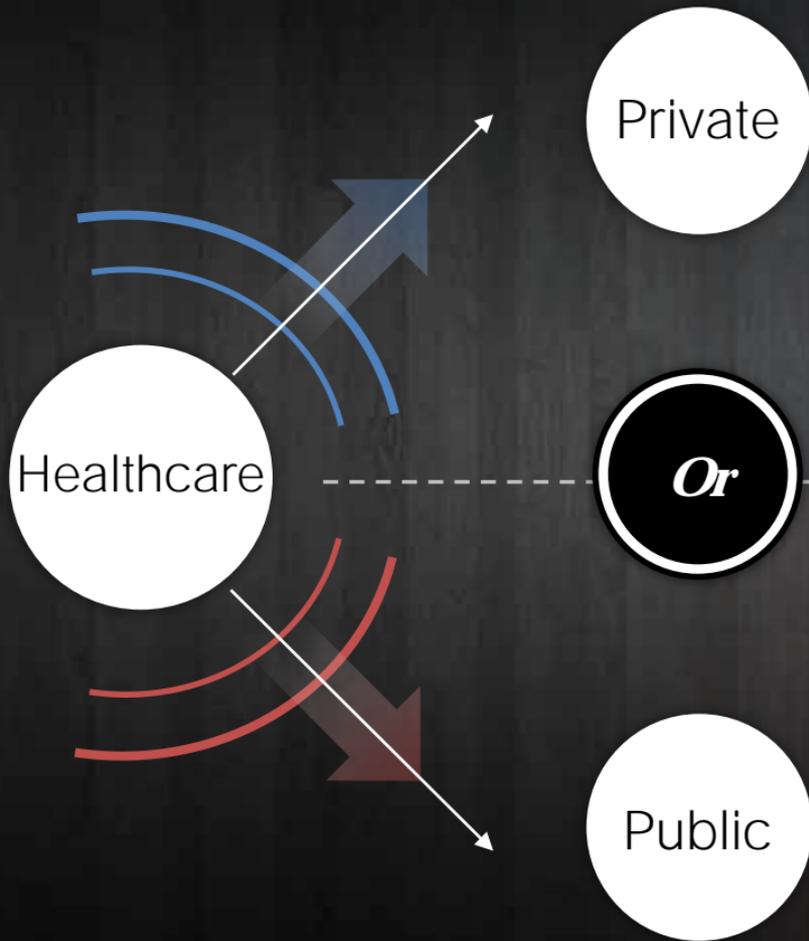
- The NHS is “Free at the point of delivery” funded solely by taxation.
- Combines services of all health professionals.
- Founded in 1948 by the “secretary of state for health” at the time Aneurin Bevan, in the aftermath of world war II.
- Aims to prevent disease and illness, improve care, maintain confidentiality.
- The structure of the NHS is explored next.



*Senior Health Authorities will potentially be abolished by the coalition government and PCT's will have reduced responsibilities.

AFFILIATED AUTHORITIES

- NICE, National institute for clinical excellence set the guidelines for healthcare.
- HPA, Health Protection Agency is a support service to the NHS.
- WHO, World health organisation are the worldwide authority on health.
- The comparison between private and public is explored next.



Private

- Less waiting times.
- Quick treatment (inc. Surgery).
- Higher standard of rooms.
- Greater doctor to patient ratio.
- Creates Social Inequality.

Or

Public

- Emergency calls are all answerable.
- It's Free.
- Available for longer 24/7.
- More readily available equipment.
- However, longer waiting times.

THE COALITION

- Cuts across education and policing are interconnected, reduction in quality of these services will increase pressure on NHS (less policing more crime more likely that more people end up hurt in hospital).
- Bureaucratic nature of the NHS is said to be reduced but GP's are to be given other economic and managerial responsibilities already added to their responsibilities of epidemiology and healthcare would reduce efficiency. Although removing managers from Jobs will free up capital for drugs and medicine. Removes responsibilities from PCT's transfers them to GP's.
- abolishing strategic health authorities and implementing a decentralisation programme to cut the power of the Department of Health.
- Targets are said to be scrapped.
- Movement towards a privatisation of NHS, moving away from a clinical enterprise to a clinician.

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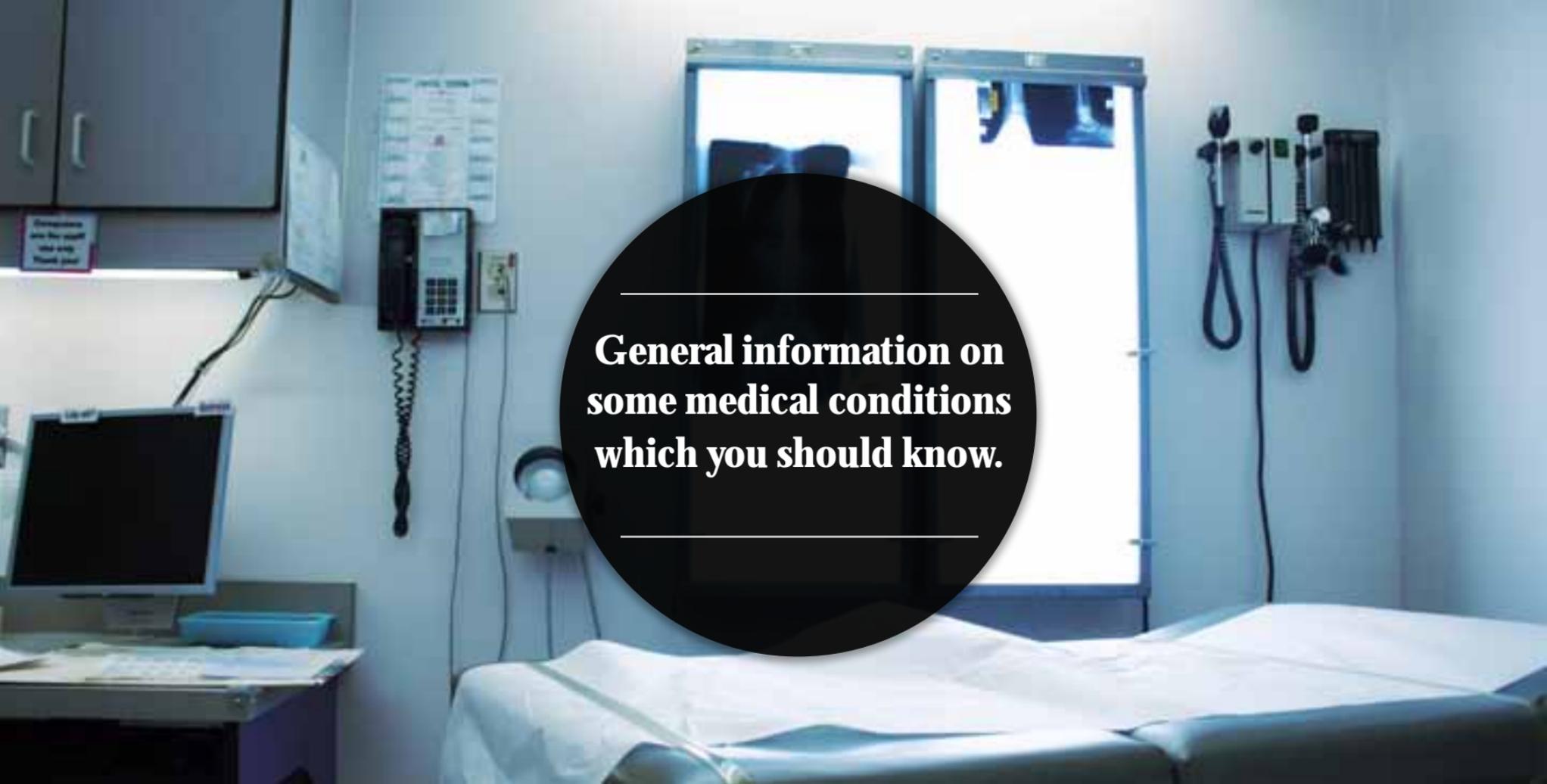
PLEASE UPDATE YOURSELF SINCE THESE FACTS MAY CHANGE OVER TIME

FUTURE STRATEGIES

- Polyclinics contain several GP's and other health professionals to provide many services. A type of "1 stop shop" , to reduce waiting times.
- Problems of this include that millions will be spent, the opportunity cost is high, more to this patients have to travel further, people may not see the same GP diminishing the patient doctor relationship.
- NHS direct turning to a phone service as well as symptom advice and a health encyclopaedia.
- Don't get the full story, become a "nanny state" , may be deemed unnecessary.

POSSIBLE QUESTIONS

- Questions concerning the NHS can move from the basic “What is primary healthcare?” to the subjective “How is the NHS portrayed in the media? Do you feel this image is correct?”
- I will provide a list of some questions, they are diverse and cannot all be prepared for, just keep an open mind.
 1. What does generic mean when applied to medicines?
 2. What happens after you graduate from medical school?
 3. How is the NHS portrayed by the media?
 4. Who are NICE and what role do they play in healthcare?

A photograph of a hospital room. On the left, there is a desk with a computer monitor and keyboard. On the wall above the desk is a sign that says "Disinfectant use this soap only. Thank you!". To the right of the desk is a wall-mounted telephone. In the center, there is a large black circle containing white text. To the right of the circle is a window with a view of a bright outdoor area. On the far right, there is a medical equipment rack with various devices. In the foreground, there is a bed with white linens.

**General information on
some medical conditions
which you should know.**

INCORPORATION

- If you have mentioned that you are interested in any particular disease on your personal statement, be prepared to talk about it.
- It could be a follow up question to what you saw on your work experience and they would have expected you to research on what you saw.

VOCABULARY

- In the interview mention these key words when explaining diseases, it could distinguish you, as a candidate, from others.

Pathology: The mechanism of disease, how it arises.

Epidemiology: What group of people are likely to get the disease.

Diagnosis: Identifying the cause of the disease.

Prognosis: Expected outcome of someone with the disease.

Symptoms: A feeling/sensation associated with a disease.

HEART DISEASE

This is essentially deterioration of the function of the heart, this is an umbrella term for various diseases which affect the heart.

Diagnosis: Blood tests/ECG/Blood Pressure tests.

Symptoms: Heart Attack/Angina.

Treatment: Lifestyle changes (lose weight/low salt/low fat), Drugs (Aspirin/GTN/Statins), promote vasodilatation (more blood, more oxygen), Medical Procedures (a coronary angioplasty which is essentially a balloon which is inserted into the artery which has been narrowed, this is then expanded and reduces the symptoms.)

Prognosis: Depends on the stage but with 1st heart attack have a good prognosis with quick treatment.

ASTHMA

The bronchial tubes in the lungs thicken and fill with mucus making it difficult to breathe, occurs in 10% of the population.

Diagnosis: A history of symptoms, peak flow at different times of the day.

Symptoms: Shortness of breaths in presence of allergens/night time cough.

Treatment:

- Avoid allergies.
- Inhalers with Bronchodilators and steroids

Prognosis: Good for children, elderly and very young death is likely, manageable but doesn't kill except for severe attacks.

DEMENTIA

This is the progressive degeneration of memory and cognitive ability. Dementia is an umbrella term describing symptoms that effect the brain. Can bring the onset of Strokes and/or Alzheimer's.

Symptoms: Frequency of forgetfulness, getting lost easily.

Treatment: No treatment, it can be slowed down by drugs (cholinesterase inhibitors)

Prognosis: Death occurs within 10 years due to a different condition.

STROKE

There are two main types of stroke, Ischaemic (caused by blockage of blood vessels) and Haemorrhagic (caused by a burst blood vessel).

Symptoms: Limb weakness, difficult speaking, droopy eye/corner of mouth.

Treatment: Ischaemic (Break the clot via operation, or drugs), Haemorrhagic (drugs to form a clot.)

Prognosis: 30% of stroke patients recover fully, most retain some level of neurological deficit.

DIABETES

There are 2 types, Type 1 (failure of the pancreas to make insulin due to a auto immune response which target cells that make insulin, could be born with it). Type 2 (Loss of sensitivity to insulin by the cells, due to environmental factors).

Symptoms: Type1 (weight loss, thirst, frequent urination), Type 2 (no symptoms, sensory abnormality).

Diagnosis: Glucose tolerance test, fasting.

Treatment: Type 1 (Insulin injections), Type 2 (weight loss, exercise, if this fails insulin injections.)

Complications: Can cause blindness, heart attacks are 5x more likely, strokes 2x more likely.



**The integration of
current issues into the
interview are explored.**

CURRENT ISSUES

- You are bound to be asked about the existing stories related to medicine to show your interest.
- Knowledge of too few topics will mean that you don't read that many, hence knowledge on 2 or 3 topics is best.
- Use a reliable source which is current, e.g. New Scientist/Scientific American/Reputable Newspaper (not tabloid) etc. (found on my site).

METHOD

1

Use correct medical name e.g. Not merely there's a swine flu but H1N1 a type of influenza A.

2

General account of what is known until now e.g. What the H1N1 virus does.

3

What happened to make it current. E.g. Pandemic could spread/mutate.

4

Why were you interested in it? E.g. media exaggeration.

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It's impact on healthcare In the future and how this event will unfold. E.g. Pandemic spreads/nothing etc.

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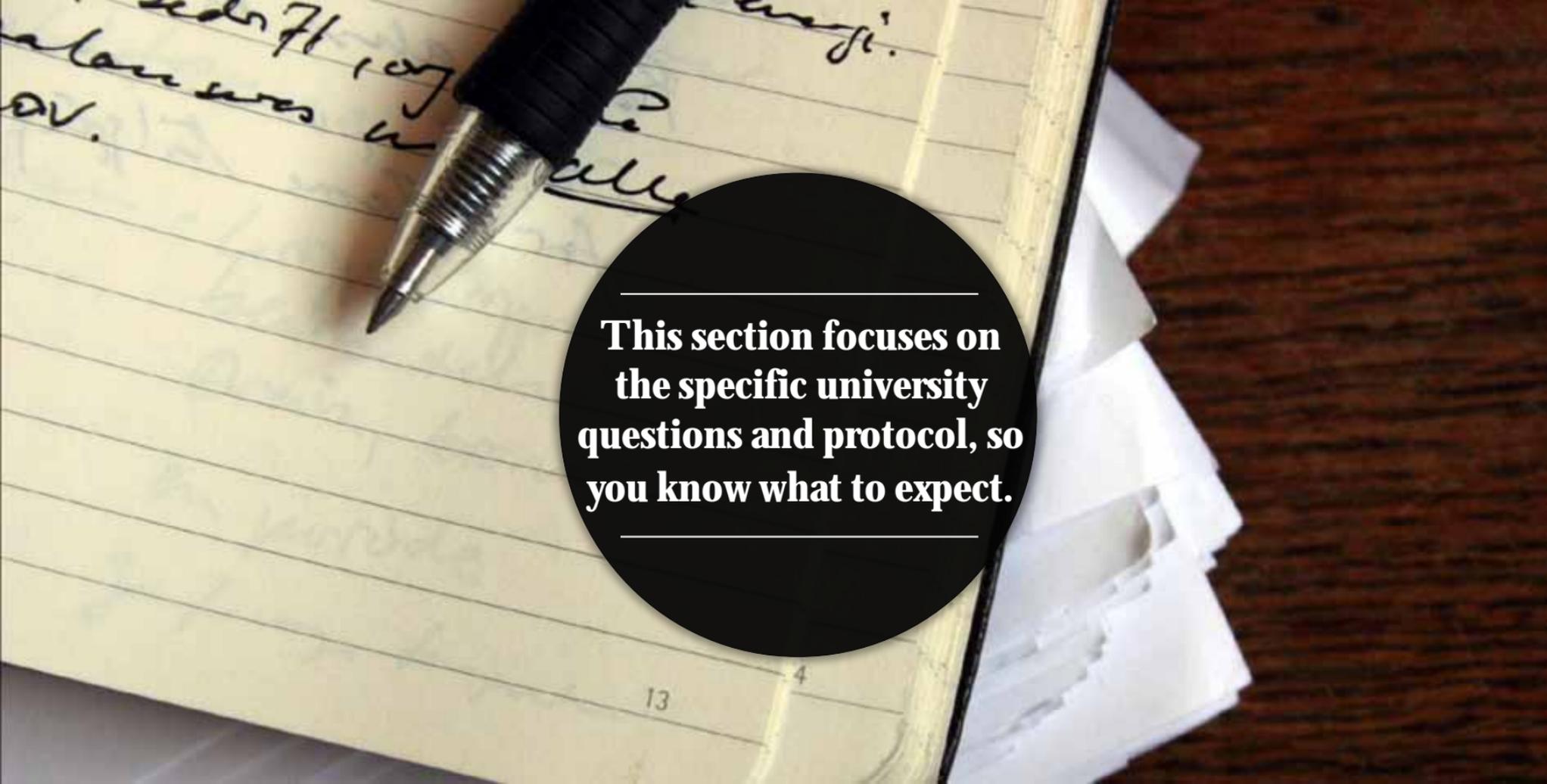
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ADVICE

- All questions of this type are along the lines of “What do you think of the latest X outbreak?” which is specific to something current in the media to “How do you keep up with medical news?” which is a jumping off point to any topic.
- The coalition governments plans for healthcare should be researched and if mentioned expect follow up questions such as “Which department of the NHS would you cut and why?”

A black and white photograph of a notebook with a pen and a circular text overlay. The notebook is open, showing lined pages. A black pen with a silver tip is resting on the left page. The right page is partially visible, showing a stack of white paper. A circular black overlay with white text is centered on the right page. The text reads: "This section focuses on the specific university questions and protocol, so you know what to expect." The text is framed by two horizontal white lines.

**This section focuses on
the specific university
questions and protocol, so
you know what to expect.**

QUEEN MARY'S

(BARTS: THE LONDON)

- 1) Is this your first interview?
- 2) Why Queen Mary's?
- 3) Tell me what else you do apart from your academics?
- 4) I see you are part of a debating society; can you give me the pros and cons of euthanasia from the article we gave you?
- 5) You seem to know a lot about euthanasia where did you get your information from?
- 6) From your vast amount of work experience, what have you learned?
- 7) What qualities of the Dr. were the patients looking for?
- 8) What attributes do you have that are beneficial to a Dr?
- 9) What are the downsides of being a doctor?
- 10) What do you believe is your worst quality?
- 11) What disease is prevalent in this area?
- 12) Do you have any questions?

THE PROTOCOL

An article (ethically orientated e.g. 2009 was about euthanasia) is given when they notify you that you have an interview which will be discussed, usually 2 interviewers.

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NEWCASTLE

- 1) What did you get out of the open day?
- 2) Why do you want to come to Newcastle?
- 3) Do you think the NHS is an effective system? Followed by what would you do if you had more money for the NHS?
- 4) Tell me about an article you read recently in New Scientist?
- 5) What did you see in your trip (specifically relating to health)?
- 6) What do you think you can bring to the University?
- 7) Liver patients who are drinkers? ETHICAL SCENARIO
- 8) What is the best advance in medical science in the last 100 years?
Followed by current issues surrounding antibiotics.
- 9) Examples of coping well with pressure/stress.
- 10) What did you learn from your work experience?
- 11) You spent time with junior doctors, what issues and difficulties did they face in their work?
- 12) Do you see yourself in a particular branch of medicine?

THE PROTOCOL

There are 2 interviewers, an ethical scenario is also usually involved. Typically a standard interview.

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IMPERIAL

- 1) Why do you want to be a doctor?
- 2) Why do you want to come to Imperial?
- 3) How do you deal with stress?
- 4) Give me an example of a time you worked in a team.
- 5) Organ Donation, Should everyone be a donor? ETHICAL SCENARIO (Apparently they have a list of 4 every year which they repeat these are specific per year).
- 6) How do you think you would contribute to life at Imperial?

THE PROTOCOL

A total of 4/5 interviewers, don't be intimidated. Standard interview with similar questions. One of the interviewers will be a medical student and will ask "What will you bring to imperial" style questions.