

JOB HUNTING

Writing CVs and handling job interviews

Many overseas doctors fear writing CVs and are frightened of job interviews. Elitham Turya explains that there is nothing to be scared of

At school Dr Sara Kirabo was a prefect for health issues. At university she participated in health education campaigns to halt the spread of the human immunodeficiency virus (HIV). She learnt counselling to help fellow students cope with the infection.

Her interest in counselling led her into a career in psychological medicine. After working as medical officer in a mental hospital she took and passed the Professional Linguistic Assessments Board (PLAB) tests, did a clinical attachment, and found a post as a senior house officer (SHO) in psychiatry in a desirable hospital.

How did she do it?

The first part of this article discusses how Sara wrote her curriculum vitae (CV). The second describes how Sara handled the job interview. Sara, her CV, and the doctors named in it are fictitious. Names of known institutions are used to maintain a sense of reality.

Writing a CV

Sara wanted a CV that would get her interviews for SHO posts in psychiatry. She read about writing CVs,¹ talked with junior doctors and sought advice from her clinical attachment supervisor.

Sara had a choice of formats—the targeted, the chronological, and the functional. In addition to personal details, a *targeted* CV names the target job and summarises work history; a *chronological* CV lists work history from the first to the last job. A *functional* CV highlights functional skills and achievements and summarises work history from the current or most recent post back to first. Sara, like most doctors, used the functional format to write her CV.²

She followed the “Usual format for medical CVs” (box), made notes on all items listed, typed, edited, and arranged them to produce a document (figure) that summarises her personal, educational, and career details. She can use her CV to inquire about, or apply for

jobs, training positions and research grants, and as a source of sorted information for application forms.

Sara Kirabo was looking for an SHO post in paediatrics

She showed the CV to her attachment supervisor and was advised to sort out a few points, and to list her publications in a standard format. They also discussed a *cover letter* to accompany the CV when applying for jobs.²

Sara knew that when a recruiter started reading her CV, she would have less than a minute to convince them of her suitability for a post. She wrote a CV that is concise, attractive, and easy to skim in search of important information. It was printed on good quality, white, 80 g/m² paper. It would not be the weight or cost of paper on which the CV was printed, but the content and quality of her writing that would impress consultants when they shortlisted for interviews.

Sara *avoided excess prose and tables* and presented the information mostly in note form. Long paragraphs would not allow key points to stand out, and tables would not highlight past duties and achievements. Sara’s CV emphasised her achievements, but contained no lies:

The GMC’s professional conduct committee found a doctor guilty of serious professional misconduct after she made false claims about her academic achievements and employment history.

The committee suspended her registration for 12 months.³

Sara wrote the CV in an *active language* showing that she is an active and decisive individual: she was careful with *grammar* and *spelling*, used a spellchecker, and then *read the CV carefully*. Sara was afraid that bad spelling and poor grammar might lead to rejection of her application.

Let us briefly clarify a few items in “Usual format for medical CVs” that puzzled Sara as she wrote her CV.

The *heading* announces the subject of the document and avoids the need for a front sheet naming the doctor described in the CV. Sara’s CV is headed: Dr S Kirabo MB ChB.

Sara’s *contact details* are adequate for the recruiter to telephone, email, or send her a letter. Her *personal identity* does not include her marital status, spouse’s nationality or size of her family (she is married and has two young kids). She could have included her hepatitis B status.

Sara’s *qualification* is MB ChB. When she gets other degrees or membership of the royal college of psychiatrists she will add them to her CV. Her pass at PLAB tests is not a qualification; so she listed it separately.

Usual format for medical CVs

Heading (initials, surname, one qualification)

Contact details

- Postal address
- Telephone
- Email
- Personal identity
- Names (first name(s), surname)
- Date of birth
- Nationality
- Sex
- Career summary
- Qualifications, dates, institution, and location
- Professional organisations (GMC, royal medical college, MDU, etc)
- Career plan and how the job will help you achieve it
- Summary of skills and achievements
- Education (dates, institution, course, prizes, other achievements)
- Work history (date, position, employer, location, duties, and achievements)
- Courses, conferences attended
- Presentations at meetings
- Clinical audit, research
- Publications in journals or books
- Additional information—useful skills (information technology, languages, etc) that do not fit elsewhere
- Hobbies—leisure interests and activities.
- Referees—names and contact details of two people

When she passes part 1 MRCPsych she will list it separately too till she gets the full membership. She will not include failed exams.

Sara’s *career plan* was concise and described how the job would help her achieve it. It was on the first page of her CV.

Sara summarised *skills* she gained from her career. In future when she applies for a specialist registrar (SpR) post she will summarise her *skills and achievements* to highlight what the employer would get by appointing her to the post.

The *education* entry highlights leadership responsibilities held at high school and university to indicate Sara’s leadership potential.

Under *work experience* Sara listed posts she had held and her duties and achievement in each. Her clinical attachment is not an employment post. She listed it separately under “*clinical attachment*.”

She has no need to hide or minimise any aspect of her medical career. All legitimate medical work, including national service, should be included in a CV. Interviewers like to ask questions about atypical careers.

Sara accounted for *significant gaps* in her career. She had heard that some consultants scrutinise CVs for career breaks and discard those with long unexplained gaps.

Sara described her research activities, listed *conferences* attended and *presentations* made.



RESEARCH

1. 2002: Psychiatric symptoms in early HIV infection. The evolution and pattern of psychiatric symptoms in HIV infection was documented in inpatients and outpatient cases.
2. 1998 (with other students): Child nutritional, immunization status and maternal education. A community survey by medical students in a parish near Kampala.

PRESENTATIONS

1. March 1999: Child nutritional, immunization and maternal education. Child Health Symposium, Kampala.
2. June 2002: Psychiatric symptoms in early HIV infection. Mental Health and HIV seminar, Kampala.

PUBLICATIONS

1. Kirabo S. Psychiatric symptoms in early HIV infection. East Afr Med J. 2003; 81(2): 91-94
2. Kirabo S, et al. Child nutritional, immunization and maternal education. Makerere Med J 1999; 43 (1): 11-14

COURSES and CONFERENCES ATTENDED

1. Dec 1994: Youth, STD and HIV. Kampala, Uganda.
2. July 1997: Lifestyle and Health. International Federation of African Students, Cairo, Egypt.
3. October 1999: HIV/AIDS Counselling. Makerere Medical School, Kampala, Uganda.
4. June 2002. Mental Health and HIV. Makerere Medical School, Kampala, Uganda.

ADDITIONAL SKILLS

- skilled with MSWord, Excel and PowerPoint

HOBBIES

Drama, tennis and aerobics.

REFEREES

Dr Paul Orchard FRCPsych
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Dr S Kirabo MB ChB

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Name: Sara KIRABO
Date of Birth: 24 May 1976
Gender: Female
Nationality: Ugandan

QUALIFICATIONS

MB ChB, 2000, Makerere University, Uganda
Passed PLAB in February 2004.

PROFESSIONAL ORGANISATIONS

Eligible for limited registration with GMC
Associate member of the Medical Defence Union

CAREER INTENTION

I hope to work and train in Psychiatry, take the MRCPsych and specialise in Child and Adolescent Psychiatry before returning to Uganda.

EDUCATION

1989-1994: Gayaza High School, Kampala, Uganda (O and A level school certificates).
- School prefect for health (1991-1992), science class captain (1993-1994)

1995-2000: Makerere University Medical School, Kampala, Uganda for MB ChB.
- Organising secretary Makerere Medical Students Christian Fellowship (1998-2000)

CLINICAL SKILLS

- communicate effectively with adult patients, parents and children, and colleagues.
- skilled in clerking patients, organising investigations, initiating and reviewing treatment
- trained in counselling patients on medical and surgical disorders and breaking bad news.

CLINICAL ATTACHMENT

March 2004 - to date: Clinical attachment in Psychiatry, Watford General Hospital, Watford
- shadowed SHO's and observed mental nurses, psychologists and social workers at work
- attended consultant ward rounds, clinics, teaching sessions and multidisciplinary meetings

[Jan - March 2004: Preparing for and taking PLAB exams]

PREVIOUS APPOINTMENTS

Aug 2001 - Dec 2003: Medical Officer in Psychiatry Butabika Hospital, Kampala:
- learnt to assess patients, formulate diagnoses, initiate and review therapy and work in teams

Aug 2000 - July 2001: House Officer in Paediatrics then Surgery St. Francis Hospital, Nsambya, Kampala
- managed common childhood diseases like malaria, measles, gastroenteritis, asthma, meningitis, HIV etc
- learnt surgical techniques (suturing cuts, draining abscesses, excision biopsy, etc) and assisted surgeons.

Fig: Dr Sara Kirabo's CV

She followed the Vancouver style when listing her publications.⁴ All publications, be they journal articles, abstracts in conference proceedings, book chapters, or whole books, qualify for listing in a CV whether done abroad or in the United Kingdom.

Sara listed her *hobbies* to show that she has a life outside medicine. She gave names and contact details of two *referees*. After settling in her new job she will ask two suitable consultants for permission to name them as referees. References from consultants a doctor has worked with are more influential than those from supervisors of clinical attachments.

The *length* of Sara's CV—three pages—was determined by jobs, audits, research, presentations and publications done, and courses and conferences attended. Two to three pages should suffice for most house officers and junior SHOs. A senior SHO applying for an SpR post may need four to five pages.²

Sara did not pay a *commercial* company to write her CV. Such companies do not *write* CVs, but *type, edit, and print (produce)* documents from information supplied by clients. They print the document on unnecessarily expensive paper and charge a lot of money for the service. By following "Usual format for doctors' CVs" Sara crafted her CV and asked her supervisor's secretary for advice on getting it professionally typed and printed. Because she asked politely, the secretary typed and printed the CV free of charge. She could have directed Sara to one of several commercial typists nearby. Sara recently brought her an ornamental basket from Uganda.

Handling job interviews

An interview is an occasion when individuals or groups meet and talk with each other, with one side asking questions and the other answering them. In a job interview an applicant (interviewee) is seen and questioned by an employer or their representative to determine the applicant's suitability.

Although interviewees strive to convince interviewers on their suitability, interviewers ask themselves a few questions about each candidate:

Is she the most suitable? Did Sara have the right personality and drive? Was it the right job for her?

Will she do the job? If interviewers felt that although capable, Sara would not willingly perform her duties, they would not appoint her.

Will she fit in? People want somebody who will fit in nicely. Sara would be appointed if interviewers felt she would fit into the team—character, drive, dependability, initiative, congeniality, etc.

Pre-interview inquiries

After sending out 60 applications, Sara was shortlisted for interview by two mental hospitals—one in Yorkshire and the Maudsley in south London. The interviews were on the same date. Her supervisor recommended attending the London interview.

Sara did not have to visit the Maudsley. She could have rung and spoken with the incumbent of the post she would be inter-

viewing for. But as she did not know London, she visited the hospital, noted the route and where the interview would be held. She met people in the post, some nurses, and one consultant.

Preparing for interview

Sara sought advice from junior doctors at Watford Hospital. One registrar advised her to read her CV before the interview. "Interviewers will have copies of your CV" he said, "and will question you on its content." Two SHOs who had recently succeeded at job interviews took Sara through a mock interview and explained how they had handled questions like:

- Why did you apply for this job?
- What are your career objectives?
- What are your weaknesses/strengths?
- Tell us about a clinical audit you have done
- Tell us about an interesting case you have handled recently
- What is the most challenging clinical situation you have met?

Presenting for interview

What did Sara *look* like (*appearance, confidence*), and *sound* like (*voice, language*)? Critical decisions (*trust and distrust, like and dislike, etc*) are often made after brief encounters—interviews. Only qualified candidates would be interviewed. So, it would not be qualifications but the *impression* she created by her *appearance, confidence, speech, and demeanour* that would determine the outcome.

Sara dressed for a professional interview and not a party. She wore smart, clean, and socially appropriate clothes—not a T shirt or jeans. She could have worn trousers, a shirt, and a jacket, but she felt more comfortable in a skirt, a shirt, and a matching jacket. She took her hepatitis B serology status, eligibility for limited registration, and passport with her.

Demeanour

At the human resources department Sara made her inquiries politely and waited calmly. On entering the interview room she was introduced to three consultants and a human resources officer. She shook hands with a moderately firm grip and made direct eye contact with panel members as they were introduced to her. She sat in the chair indicated by the chairman, made herself comfortable, and waited for questions.

She spoke clearly, concisely, and simply; neither whispering nor shouting. She watched interviewers' faces to see if they heard and understood her answers. She did not draw attention to her weaknesses nor argue with interviewers. She smiled and laughed appropriately.

Sara answered the questions asked. She gave concise but informative answers confidently and politely. If a question was not clear she asked for an explanation or for it to be repeated. When she did not know the answer, she said so confidently. She did not use jargon or abbreviations unless she was sure the interviewers knew them too. When



an interviewer was speaking she did not interrupt, but listened and answered the question that followed the speech.

Sara was asked about her work in health education and counselling fellow students. She gave succinct but full answers. Interviewers were impressed by her understanding of the HIV pandemic.

Questions about the past

Sara was aware that she might be asked about past failures. She was prepared to talk about one case that did not go well. The cause of mishap had been identified and lessons learnt. She had reflected on the incident and could discuss it confidently and rationally stressing the lessons and not the failure. She was not asked.

Finally, she was asked if she had any questions. She thanked the panel for the opportunity, said she had talked with doctors and nurses on the ward, and had no questions. She was told a decision would be made later that afternoon and that she could wait for the result if she wished. She said she would wait. She left the interview room confidently and politely.

At 5.30 pm., three of the 10 interviewees were offered jobs. Sara was among the successful doctors. She accepted the job offer.

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EBT acknowledges the help of a Ugandan senior house officer whose career inspired Sara's CV.

- 1 Strunk W, White EB. *The elements of style*. London: Longman 1999.
- 2 Ritter RM. *The Oxford manual of style*. London: BCA for Oxford University Press, 2002.
- 3 GMC. GMC case book: doctor suspended after making false claims. *GMC News*, 14 October 2002.
- 4 International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Ann Intern Med* 1997;126:36-47.

Further reading

- Turya EB. *Your career after PLAB: survival tools for young doctors*. Manchester: Edukom, 2003.
- McErin S. *Writing the medical CV*. Manchester: Edukom, 2004.