

# Interview Skills for Pre-SET and Beyond



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# Outline



- Preparation
- Interview
- Practice Questions

# Preparation



- Most important aspect
- Know the hospital you are applying for
  - Why do you want to work there
  - Research the hospital – any special aspects of its surgical department
    - ✦ Eg. Prince of Wales Hospital – sarcoma, bariatric unit
- Know the style of interview
  - SET interviews – how many questions you are expected to receive
  - SRMO's
    - ✦ Ask friends who applied previously what past questions were
    - ✦ Eg. RPA Hospital

# Preparation



- Develop a list of practice questions and possible answers
  - Clinical questions
    - ✦ Small/Large bowel obstruction/Cholecystitis
      - CCrISP
    - ✦ Trauma
      - EMST
    - ✦ Consent process
  - Themes
    - ✦ Bullying
    - ✦ Underperforming colleague
    - ✦ Clinical governance
    - ✦ Open disclosure
    - ✦ Audit process

# Preparation



- RACS website
  - ✦ Competencies
  - ✦ Position papers

# RACS competencies

The Surgical and Education Training program is underpinned by ten RACS competencies.

## On this page

[Collaboration and teamwork](#)

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# Position papers

As a fellowship based organisation, RACS commits to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support. The position papers and guidelines of RACS are developed by expert working groups with broad consultation with key stakeholders approval by Council. We encourage creators of health policy to use these position papers and guidelines, with appropriate reference to RACS.

Help us improve

surgeons.org/about-racs/position-papers

- [Natural Justice - Guidelines for Decision Makers \(PDF 34.58KB\)](#) (2016)
- [Neurological Injuries in Sport \(Trauma Prevention\)](#) (2017)

## O

- [Open Disclosure](#) (2015)
- [Office Based Liposuction and/or Fat Transfer Procedures in Australia \(PDF 107.5KB\)](#) (2019)
- [Office Based Procedures in Australia](#) (2018)
- [Outreach Surgery in Regional, Rural and Remote Australia and New Zealand](#) (2015)
- [Overlapping, Simultaneous and Concurrent Surgery](#) (2017)

## P

- [Patenting of Medical Procedures, Gene Coding and Surgical Devices \(PDF 84.92KB\)](#) (2013)
- [Practicing and Operating while Impaired](#) (2017)
- [Prevention of Healthcare and Associated Infection in Surgery](#) (2015)
- [Providing Care to Yourself, Family Members or Those Close to You](#) (2017)
- [Public Reports on Surgical Outcomes and Performance](#) (2015)

Help us improve

# Practicing and operating while impaired (2017)

## Key issues

### Patient safety

A surgeon's duty of care to their patient and ensuring their safety is paramount. Surgeons with alcohol dependence are more likely to have an attributed major error reported, resulting in decreased quality of patient care, with significant implications for patient outcomes and safety.

Substance abuse or dependence is strongly associated with surgeon distress, including emotional exhaustion, depersonalisation, depression, suicidal ideation, and this adversely affects the quality of care they provide to their patient<sup>i</sup>.

### Code of Conduct

The Royal Australasian College of Surgeons (RACS) Code of Conduct states that a Fellow will "refrain from practising if impaired by drugs or alcohol" and will "refrain from practising if impaired by any physical, psychological or emotional ill-health that could affect patient care, and if impaired by drugs or alcohol". It is a breach of the Code of Conduct to "practising with an impairment that could adversely affect patient outcomes"<sup>ii</sup>. Where a Fellow has breached the Code of Conduct, RACS will respond in line with the Sanctions Policy<sup>iii</sup>.

Fellows, Trainees and International Medical Graduates (IMGs) should be aware that serious and/or repeated breaches of the Code of Conduct could result in the loss of Fellowship or dismissal from the RACS training program. RACS will also notify the appropriate registration authority should this step be taken and this could have ramifications in relation to a Fellow's ability to practise.

### Mandatory reporting

RACS may have an (mandatory) obligation to report a Fellow, Trainee or IMG who has placed the public at risk of substantial harm because they have an "impairment", which includes substance misuse, abuse or dependence.

In Australia, RACS may have an obligation to report a Fellow, Trainee or IMG where RACS reasonably believes that a Fellow, Trainee or IMG has behaved in a way that



# Preparation



- Practice Questions at home
  - Keep it succinct
  - Have opening statement
  - 3 key points – signpost these at the top
  - Strong closing statement

# Preparation



- Zoom
  - New
  - Practice:
    - ✦ Film yourself on your phone to identify any distracting behaviours
      - Swiveling in chair, looking away
      - Staring at yourself/screen rather than the camera
  - Select location – what is the lighting in the room at time of interview
  - Have computer at eye level
  - No distracting pictures behind you
  - Wear formal interview attire
  - Personality

# Practice Questions



# Practice Question



- We have many applicants today, why should we choose you?

# Practice Question



- Key messages:
  - **Enthusiastic and passionate about General surgery**
    - ✦ Examples
      - Involved in research, education
  - **Communication and interpersonal skills**
    - ✦ Examples
      - Positions on committees
  - **Always strive to improve my performance**
    - ✦ Examples
      - Courses, Masters
      - Debrief

# Practice Question



- When things aren't going as planned during an operation, how do you manage the situation?

# Practice Question



- 3 key points:
  - **Communication, collaboration and teamwork**
    - ✦ Notify assistant, scrub nurse, anaesthetics
  - **Achieve temporary control and slow down**
  - **Ask for help**
    - ✦ Not a weakness but a strength when you are aware of your limits

# Practice Question



- There has been a great deal of publicity about training units losing accreditation regarding bullying.
- What is your opinion regarding this and how do you manage it?



# Practice Question



- **What is your opinion?**
  - Zero tolerance of bullying
  - Threatens patient safety
  - Goes against core competencies of college
  
- **How do you manage bullying?**
  - Needs to be addressed at various level
    - ✦ **Individual**
      - Informal versus formal (internal/external) approach
    - ✦ **Department/Hospital**
      - What led to this culture ?overworked/under-resourced
    - ✦ **Systemic**
      - Install programs – Operate with Respect
      - Education
      - Clear policies

# Practice Question



- Your intern is arriving late and not completing jobs as asked. How do you handle this situation?

# Practice Question



- **Outline:**
  - This is an underperforming colleague
  - Need to consider:
    - ✦ Patient safety
    - ✦ Safety of colleague/Reason for underperformance
    - ✦ Rectify situation
  - Patient safety
  - Safety of colleague
    - ✦ Diagnose the problem - Is it is problem due to knowledge, behaviour or skills
    - ✦ Any issues/concerns at workplace or at home
  - Intervention
    - ✦ Informal or formal
    - ✦ Outline expectations
    - ✦ Provide plan on how to improve the situation
    - ✦ Arrange for peer/mentor support

# Practice Question



- Describe an occasion where research has changed your practice?

# Practice Question



- What is your biggest weakness?

# Practice Question



- **Key here is:**
  - Name a weakness but then describe how you are working to improve on it

# Practice Question



- What are the cancer screening programs in Australia and can you explain one of them in detail?

# Practice Question



- Why is research important for a trainee to be involved in?



# Practice Question



- Describe a time where a patient had a complication, how you dealt with it and what you learnt from it

# Practice Question



- You are planning on performing an open inguinal hernia repair on a 70 gentleman who is on apixiban for AF. How would you manage his anticoagulation in the perioperative period?