

# Urology ST3 interview update and top tips

This article, written by a Urology ST3 from the West of Scotland Deanery, aims to give the reader an insight into the ST3 interview process along with some helpful hints for those about to undertake the challenge.

**T**he aims of this article are to summarise the ST3 interview process and hopefully provide some helpful insights and recommendations into how to prepare based on my own experience.

I found when I was applying to ST3 there was a lot of focus from colleagues on how the new format differed to previous years; all online, no portfolio station, etc. I don't want to focus on differences between the various years of ST3 recruitment, as really all that matters to you, is what is in store for you this year. I am hopeful that, regardless of the format, sharing some of my experiences of the recruitment process and how I prepared might be of use.

The good news is, the hard work preparing your portfolio for assessment is done – I personally found it a great relief this was over far in advance of the interview and there was no requirement to buy a fancy portfolio folder, invest in a working printer or decide what thickness of paper looks 'professional'.

## What to expect at the interview

At this point it seems sensible to summarise what the interview entails. This information is taken from the published ST3 urology handbook, I have no access to additional or undisclosed information [1].

### INTERVIEW FORMAT

The urology ST3 interviews will be held online (previously via Microsoft Teams).

The interview will be a single station split into four elements or will be multi-station:

- **Outpatient** – two-minute reading time and a 13-minute interview
- **Emergency** – two-minute reading time and a 13-minute interview
- **Communication** – two-minute reading time and a 13-minute interview
- **Skills** – two-minute reading time and a 13-minute interview

On the day and at your allocated time you click the emailed interview link and first chat to an administrator. In my experience they were very helpful and did a great job at putting you at ease. You show them your photo ID, followed by the room you are sitting in. This is to ensure you are in a suitable location and have no one else in the room with you. When the interview is ready to start you 'move' automatically into the room with your interview panel. I stayed with the same panel for the duration of the interview; it has not been established yet if they will use the same format this year. My panel was very welcoming, introducing themselves and explaining their role – in my case I had three consultants, two of whom were marking while the other asked questions for each scenario. There will also be an actor present for the communication scenario and there may also be a lay person present as part of quality assurance processes.

## Setting up for the interview

Before my interview I searched various websites for tips on how to set up for an online interview – a lot weren't relevant as the urology recruitment process isn't so much an interview in the traditional sense but these were the tips I followed:

- Dress like you would for a face-to-face interview, including shoes!
- Have a neutral background but not one of the virtual ones.
- Have your camera at your eye level – this could mean setting your laptop up on a dedicated stand, but I just used a couple of books (non-medical of course!).
- Test all your software and do a sound check at least the day before.
- Get the lighting right – ideally be facing towards a window so you can have natural light, but not with direct sunlight. If you have a sophisticated camera (I'm thinking Macbook Pro) that automatically adjusts the lighting be very careful that this doesn't change during your interview if you move towards or away from the camera – it's very distracting.
- Make sure your head and shoulders are framed in the centre of the camera view.
- Have a glass of water, pen and paper available to use if you need.



## Preparing for each station

I asked a few senior colleagues to give me a list of subject areas they thought could come up for each station (they all gave a very similar list). I then used these as my starting point of topics to revise and practise. Senior colleagues recommended using the FRCS viva book [2] which I thought was useful for giving some ideas of how to structure an answer – especially the "how would you assess this patient" question but otherwise it was just an intimidating level of knowledge and of course is far beyond what is expected at the interview.

I think the important thing is to spend some time to reflect and recognise where your personal strengths and weaknesses lie and adapt your preparation accordingly. Previous interview feedback such as from core training can be very useful. If you're anything like me then the outpatient scenarios are less familiar than the common emergencies; hence I invested a lot more time building my knowledge base for these topics before I could even start practising answering questions. I also sacrificed some theatre lists in the run up to the interview to spend time in multidisciplinary team meetings and specialist clinics to try and get comfortable with some of the nomenclature and jargon. Nothing worse than trying to say a drug or procedure on the day when you've only ever heard it in your own head doing private reading.

“  
the most important thing is  
to practise speaking aloud so  
eventually you can talk in concise  
and manageable sentences  
”

### Outpatient scenario

I did a lot of knowledge specific revision for this which, in retrospect, was probably overkill but it helped my confidence and has been put to good use since so wasn't time wasted in my opinion. I chose to revise topics by symptom presentation (e.g. haematuria or scrotal lump) rather than by disease as that felt more relevant to how patients generally present. In this station, more than the others, I was asked closed questions which I hadn't expected so my advice is to answer the specific question asked and then pause – at times I was encouraged to elaborate and at other times they moved me on.

### Emergency scenario

I spent time revising some of the key definitions that I'd learnt for MRCS exams such as sepsis, haemorrhagic shock, anaphylaxis and their generic management. This really took minimal effort as it's knowledge previously acquired but I would say it definitely paid off in my emergency scenario. Obviously, I can't speak for what the interviewers are looking for, but to me it makes sense that they want a clinically accomplished and competent core trainee to progress into higher level training and in my mind this doesn't necessarily mean testing urology specific knowledge or skills.

### Communication scenario

I read the most up to date ethical guidance for doctors on the GMC website (<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors>). I found this useful for refreshing various ethical principles and legislation – my advice here is to stick to the country you work in as the laws are different in each devolved nation although with the same broad principles.

I also went to a couple of MDT results clinics and sat in with the consultants to listen to them break bad news or lead discussions around complex management options. I found it helpful to watch how they led the consultation listening to their own nuances of communication skills and borrowing some of their phrases.

Talking to colleagues it's clear that some universities and core training programmes focus on communication skills more than others. If formal training in this domain has been lacking for you to date then I highly recommend reading the Royal College of Edinburgh NOTSS (non-operative technical skills for surgeons) handbook and doing some of the e-learning material [3].

### Skills scenario

This is a 'new' addition to the online interview this year but was part of the pre-covid face to face interviews so senior trainees (ST5+) should be familiar with this station. They will be an excellent resource for guiding which skills to be proficient in and I suggest a good starting point are the "urology technical and procedural skills" and "peri-operative care" sections in the core surgery curriculum [4].

The BAUS website has excellent videos and patient information leaflets on procedures that might also be a helpful resource.

I recommend when next in a urology theatre getting to know the name and specification of the kit you use and why and when you use different pieces – again senior trainees and scrub nurses will be very helpful here. This way if you are presented with virtual kit that is unfamiliar you can state with confidence what you would use in your normal practice in this scenario and why.

### Practising

I think the most important thing is to practise speaking aloud so eventually you can talk in concise and manageable sentences. As much as the interview is focused on familiar topics and content, the way you talk about these is unfamiliar for most people and so requires practice. There is a host of practice material in terms of books, online question banks and mock interview courses which can be used to facilitate your preparation.

After doing some practice with prospective candidates in the last month I recommend answering questions pragmatically – try to put yourself in the position you're being asked about and then talk through the steps you would take. For example, in an unexpected intraoperative finding or complication, you obviously want your consultant to be present. To achieve this, you're probably going to have to stop what you're doing, announce to the team what the problem is and how you would like a solution to be actioned because remember you're scrubbed so you can't simply "ask the consultant to come". I also recommend practising using professional language such as "liaise or discuss with" rather than "speak to or chat with".

Finally, when you think you're ready for the interview, try to put yourself under pressure or purposeful practice. That might be by adding in timed questions, asking a colleague who intimidates you to interview you or picking topics you're less comfortable with. The more you can prepare for the feeling on the day, the easier you'll find it just to be yourself.

### References

1. Health Education England. *Urology ST3 National Recruitment 2023 Applicant Handbook* [https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/urology\\_st3\\_applicant\\_handbook\\_2023.pdf](https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/urology_st3_applicant_handbook_2023.pdf) [accessed 24 November 2022].
2. Arya M, Shergill I, Fernando H, et al. *Viva Practice for the FRCS(Urol) and Postgraduate Urology Examinations (MasterPass)*. Taylor & Francis Inc; UK; 2018.
3. Royal College of Surgeons of Edinburgh. *The Non-Technical Skills for Surgeons (NOTSS) System Handbook v2.0*. 2019. [www.rcsed.ac.uk/media/682516/notss-system-handbook-v20.pdf](http://www.rcsed.ac.uk/media/682516/notss-system-handbook-v20.pdf) [accessed 29 September 2022].
4. Core Surgical Training Curriculum 2021 <https://www.iscp.ac.uk/media/1111/core-surgical-training-curriculum-aug-2021-approved-oct-20.pdf> [accessed 24 November 2022].

### Further information

Information in this article is correct at the time of writing. Please check the website for most up to date details: <https://www.yorksandhumberdeanery.nhs.uk/recruitment/national-recruitment/national-urology-st3-recruitment>

### TAKE HOME MESSAGE

- Ask for help from colleagues who have been through the process.
- Prepare and practise as much as you can.
- Get your interview 'set up' right in advance and then you'll feel in control on the day.
- Answer the question the interviewer has asked (not the one you want to or have prepared to answer).
- Answer questions pragmatically – what would you *actually do*?