

So you want to be a urologist?

BY MEGHANA KULKARNI

Urology is a varied, innovative and friendly speciality and it is easy to see why so many people are attracted to it. The article below is designed to help all doctors wishing to apply for an ST3 post get the best possible result at National Selection

The first step

Urology ST3 recruitment is coordinated by the Yorkshire and the Humber deanery and all of the information about the interview process is available on their website (www.yorksandhumberdeanery.nhs.uk/recruitment/national_recruitment/national_urology_st3_recruitment/). The interviews are held in Leeds at the start of April. In order to assess your suitability for the job, carefully read the 'person specification' on the recruitment website and ensure that you have met the basic requirements such as adequate clinical experience, MRCS examinations and mandatory courses before starting this process.

The next step is to book your leave for the interview at the earliest opportunity. Last year the interviews fell on the week of the junior doctor strikes and just before the FRCS(Urol) examinations, so it is imperative you plan leave early with your colleagues so that nobody misses out on adequate preparation time.

The big day

The current interview format consists of five stations: a portfolio review (the most heavily weighted station at 30 minutes) and four scenarios – emergency, outpatient, communication and a clinical skill (each 10 minutes).

Portfolio review station

Over the next few months, your portfolio will become both your best and worst friend!

The basics

Make sure you have prepared an up-to-date CV and a paper portfolio containing all of your essential documents and achievements displayed clearly and succinctly – if this is not the case, then please start today! This is the station that will make and break your interview and needs more preparation than all of the others – do not underestimate this, as

many candidates do to their peril.

Your interviewers receive your portfolio 30 minutes before they meet you and will have had plenty of time to work through it with a fine toothcomb. Before you have stepped into the room, they will have started to form an impression of you, so ensure that it is a good one! A messy folder that is difficult to navigate not only frustrates interviewers but does not allow you to sell yourself and is often where candidates who are otherwise outstanding, fall down.

You must know your own portfolio inside out, and be able to read it upside down (so that you know which section the interviewers are looking at!). It is also helpful to ask somebody outside of the healthcare profession to critique its layout and ease of navigation.

Making the folder look presentable does not need to involve taking out a second mortgage and deforesting the Amazon. Do invest in a smart folder, good quality paper and clear dividers. However, do not forget that the interviewers are looking for 'killer' and not 'filler' materials, so take out irrelevant items as these will distract from important achievements and could invite awkward questions.

Layout

You may be asked to structure the portfolio in a particular format, but if not, there are many ways to display the content. One option is to have your best achievements or 'strengths' at the start i.e. qualifications, prizes, publications, etc. and it is helpful to have your CV laid out in the same way to make cross-referencing easier.

The questions

It would be impossible to even consider listing all of the interview questions that could be asked and it is not necessary to do so.

Be prepared for the classics such as "why urology?", "describe a strength and a weakness", or "tell us about a good and a bad day at work". It is important to have

a thorough understanding of the training pathway within urology, changes to the curriculum and what is expected of a trainee. There have been several reports that will alter how our medical service is delivered, notably the 'Shape of Training' report.

Your logbook is also a key area that will be interrogated. You will need to display your full logbook, but there are essential procedures that an ST3 registrar must be able to perform and you must demonstrate that you are competent to do these. Specific procedures are listed in the Intercollegiate Surgical Curriculum Programme (ISCP) curriculum and include ureteric stent insertion, scrotal exploration and cystoscopy. To avoid tricky questions, clearly summarise your relevant operative numbers, with a particular emphasis on these skills. Directly-observed procedures (DOPs) and procedure-based assessments (PBAs) are another way to demonstrate your skills and should be included in the portfolio. If you are not able to achieve all of these numbers by the interview, do not lie or fudge your numbers – the interviewers are looking for honesty and integrity, so identify practical solutions to increase your confidence and exposure before you start as a registrar.

The remaining questions will truly depend on the content of your portfolio and what catches the eye of the interviewer. Expect questions on audit, research, teaching and extra-curricular activities. Your answer to every question should draw on something that is in your portfolio which enables you to give a truthful answer and demonstrate your achievements.

Emergency and outpatient stations

These clinical stations are designed to test a basic level of knowledge and your ability to be a safe registrar who asks for appropriate help. The best preparation for these stations are regular on-calls and outpatient clinic attendance, which

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will provide ample exposure to all of the common conditions you could be tested on. Ensure that you are timetabled into at least one outpatient clinic, urology on-call and multidisciplinary team (MDT) session a week and discuss the cases with your seniors.

Common emergency scenarios will include suspected testicular torsion, an infected obstructed kidney and trauma. The outpatient scenarios, as in reality, include common GP referrals such as the management of suspected cancers (raised PSA, haematuria) and common benign conditions such as urinary tract infections, urolithiasis and benign prostatic hyperplasia.

This is not the FRCS Urol examination, so the examiners are not expecting you to quote papers on emerging research. They will however expect you to recognise acutely unwell patients and manage them appropriately, understand the basic referral and treatment pathways for the main urological conditions and escalate appropriately. Most candidates will have the knowledge, but verbalising this clearly and succinctly is difficult, so use every opportunity to practise this – when on-call, in between cases and as part of work-place based assessments.

Communication skills station

For those of you who have done objective structured clinical examinations (OSCE) before, this type of station will be relatively familiar. The scenario often revolves around delivering bad news or speaking with an unhappy patient or relative, or doing both! You need to demonstrate that you are an active listener, an empathetic doctor and a problem solver. Do not be defensive or get angry yourself as this will only inflame the situation. It is important to acknowledge and accept if there has been a problem, and work with the actor to find a solution. This is a station testing communication skills, and not detailed clinical knowledge so avoid excessive discussion about medical details – you will go off in the wrong direction and gain few marks. When rounding off the station, ensure that the patient is always able to get in touch with the team and that you have addressed their main concerns.

Clinical skill station

The interviewers are not only looking

for a skilled surgeon, but a safe one who acts within the limits of their ability and views the patient in a holistic manner. Traditionally this station has tested the ‘essential’ skills required of an ST3, such as cystoscopy and stent insertion, but as surgical models improve, the range of procedures that could be tested is greater – adult circumcision was tested last year. Your best practice for this station is by having a meaningful presence and experience in the procedure suite and operating theatre. This station is not just about performing a skill well but covers the wider aspect of patient management. For example, performing a flexible cystoscopy may include elements on consent, minimising iatrogenic infection and bladder cancer management, so do not think that you are simply able to perform the skill at a leisurely pace. Make sure you are comfortable performing cystoscopy (rigid and flexible), scrotal exploration and testicular fixation, stent insertion, suprapubic catheterisation and basic inguino-scrotal procedures. Do not forget that an individual human being is attached to the end of your knife, so your ability to communicate in an appropriate and empathetic manner is just as important as your surgical skill.

The BAUS-approved consent forms (available online) provide simple explanations of most procedures using colloquial language. The *Oxford Handbook on Operative Surgery* is also helpful in refreshing your memory on the anatomy and surgical steps of many procedures.

Sources of information

Your urology colleagues and those who have recently gone through the interview process (regardless of whether they have been successful or not) are the best people to provide you with useful and honest advice. They will have unparalleled experience and insight into what the interviewers are looking for and what works and does not. Speak to them well ahead of the interviews to avoid unnecessary panic close to D-day.

There are some useful books which are very accessible and will certainly be held by most doctors who have gone through an interview. *Medical Interviews* by Olivier Picard and colleagues is a staple covering interview topics such as clinical

governance, NHS structure and recent reports which could affect the future of surgery, and provides useful frameworks to help structure answers.

The Gold Guide (www.copmed.org.uk/publications/the-gold-guide) and ISCP website (www.iscp.ac.uk) will have the latest curriculum information. *Viva Practice for the FRCS(Urol) Examination* contains plenty of scenarios framed in a similar format to the interviews and the *Oxford Handbook of Urology* is a good source of basic knowledge. EAU and BAUS guidelines also provide structure on current accepted practice.

There are a variety of interview courses on offer, most of which are arranged locally. The main use of these courses is the chance to verbalise your answers, learning to feel uncomfortable and gaining techniques to manage this! All courses come at a cost, but they do give you an idea of the level of knowledge expected and a chance to familiarise yourself with models and equipment that are likely to be used in the interview for clinical skills.

The BAUS Core Urology course held annually covers all the topics that one could expect at interview and runs one-one portfolio review sessions.

Conclusion

Fundamentally the panel is looking for a safe, trainable and enthusiastic doctor, who will make a good colleague throughout their career. Candidates who remember this during every station will give more honest and insightful answers and will stimulate interest in their interviewers. Use every opportunity you have in the run up to the interview to practise – ward rounds, in between cases, even when you’re at the pub. It is very easy to feel that you have all the knowledge but verbalising answers well is difficult so practise, practise, practise! Good luck!

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