Ante Niew Dr. Rob Stephens

Consultant in Anaesthesia UCLH Associate Professor and Y1 lead UCL MBB

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Make your mark with a Perioperative Medicine MSc.

	Perioperative Medicine	Certificate, Diploma and Masters in Perioperative Me
	RCoA ST4 and CV	 Talk as pdf CV with annotation Ionger CV
	RCoA talk 2021- Let's fill this Medical School with great Anaesthetists!	Download examples of our RISE teaching to use
	ICM trainees 2022	See below Infomed and ICU trainees Assessing the he
		Talk
Goog	gle UCL Stephens	 assess_heart_icu_2022.pdf Cookie settings es.docx

What are your interview fears?

Contents

- Introduction
- Useful Information
 - Matrix, Interview, Videos etc
- Making a CV
 - Why / how / what's in it
 - What if I haven't got one yet?
- Interview tips about your CV / you
 - Structuring answers
 - Applying scoring matrix
- Summary

Anaesthetics ST4 Recruitment				
Recruitment Information Vacancies Interviews				
Specialty & Level (Type of Work)	Anaesthetics ST4			
Recruitment Round	August 2024			
Type of Recruitment	National			
Qualifications & Professional Registration Required	See Anaesthetics ST4 Person Specification			
Anticipated Start Date	Wednesday 7th August 2024			
Competition Ratios	Visit Specialty Training Website			
Contact Us	Email Recruitment Team			
Application Process	See Medical Specialty Recruitment Applicant Handbook 2024			
Online Recruitment Portal	Oriel			
National Recruitment Timetable				
Advert Appears	Wednesday 15th November 2023			
Apply from	Thursday 16th November 2023 (10am)			
Closing Date	Thursday 7th December 2023 (4pm)			
Self-Assessment Document Upload Window	Monday 15th January to Monday 22nd January 2024			
Self-Assessment Verification Scores Released	Monday 12th February 2024			
Self-Assessment Verification Appeal Window	Monday 12th February to Wednesday 14th February 2024			
Invitations to Interview & Applicant Declaration	Wednesday 28th February 2024			
Deadline for Interview & Applicant Declaration	Friday 1st March 2024			
Interview Window	Tuesday 12th March to Tuesday 9th April 2024			





Scoring matrix for ST4 Multi-station Interview 2024

	Assessor		Interview ion 1	General Stat	Totals	
		Assessor A	Assessor B	Assessor C	Assessor D	
	Professional Behaviour & Communication			5	5	10
	Clinical Judgement & Decision Making	5	5			10
Attributes	Reflective Practice			5	5	10
Attri	Team Working	5	5			10
	GPCs of Safety and QI / Research and Managing Data / Education and Training / Health Promotion*			5	5	10
	Working Under Pressure	5	5			10
Global R	ating Score	10	10	10	10	40
Interview Total Score			1			100



ST4 2024 Scoring Guidance GPCs of Safety and QI / Research and managing data / Education and Training / Health Promotion

Demonstrates understanding of, and engagement in, either Safety and QI, Research and Data management, Education and Training or Health Promotion

1 Unsatisfactory	2 Weak	3 Typical	4 Very Good	5 Outstanding
No understanding of chosen concept.	Some understanding of chosen concept but poor example required prompting to get through question.	Working at level of CT3 level - appreciates the key concepts most of the time with some prompting.	Clearly describes the chosen concept with little or no prompting, clear example of personal experience.	Working beyond the level of CT3 Doctor. Fully appreciates the chosen concept.
No example either theirs or others to demonstrate concept.	Did not have their own example of chosen concept to discuss but was able to describe something they had observed.	Used their own example to demonstrate chosen concept with appropriate topic choice.	Used their own example of work undertaken to demonstrate chosen concept. Topic choice demonstrates good understanding of concept.	Had more than one example to demonstrate chosen concept with excellent understanding of topic.
Failed to understand how concept changed personal practice or that of others.	Recognised that demonstration of concept is used to change practice but no clear example of making change.	Good demonstration of topic with clear demonstration of change in practice.	Good demonstration of topic with demonstration in change of practice that they have presented or published.	Excellent demonstration of topic demonstrating change in clinical practice that has contributed to publication or national or local guideline.
Poorly structured answer. Disorganised with no underlying knowledge.	Started with organised thought and structure but was not maintained as applicant was challenged.	Evidence of structured thinking that was maintained throughout answer, hesitant with challenge.	Good structure to answer, appropriate response to challenge.	Excellent structure to answer. Clear and concise Good response to challenge.

Marking for GPC Qn



Global Rating Score: Online interview

This score relates to an **assessor's professional judgement** of the **overall performance** of the applicant for the online interview. A score of 1 in this domain should be discussed between both assessors and the convener of the selection centre, to decide whether performance was so unsatisfactory that the applicant should be vetoed on this performance alone.

1	Performance below standard in all respects or significant issue demonstrating dangerous / worrying level of ability in prioritising tasks, decision making, communication, team working or reflective practice.
2	Demonstrates inadequate level of commitment to specialty from answers provided.
3	Performance borderline e.g. limited ability to demonstrate prioritising tasks, decision making, communication, team working or reflective
4	practice. Demonstrates low level of commitment to specialty from answers provided.
5	Performance typical e.g. demonstrates ability for prioritising tasks, decision making, communication, team working and reflective practice.
6	Evidence of commitment to specialty from answers provided.
7	Performance above standard in most respects e.g. good ability for prioritising tasks, decision making, communication, team working and
8	reflective practice, demonstrated by answers and examples given. Significant evidence of commitment to specialty.
9	Performance above standard in every respect e.g. exceptional ability for prioritising tasks, decision making, communication, team working and reflective practice, demonstrated by answers and examples given.
10	Outstanding evidence of commitment to specialty.

Marking for Global 40%

Anaesthetics ST4

Person specification and entry criteria for Anaesthe ST4 2024 recruitment

Applies to: England, Northern Ireland, Scotland and Wales.



• <u>Career progression</u>

<u>Clinical skills – clinical knowledge and expertise</u>

Academic skills

On this page

Essential entry criteria

Selection criteria

• Personal skills

<u>Probity – professional integrity</u>

Accuracy

From afford back and we also to an over the approximation of the



<u>Commitment to specialty – learning and</u> <u>personal development</u>

Personal aspects: RCoA Job spec

Communication skills

• clarity in communication, adapt language, build rapport, listen, persuade and negotiate.

Problem solving and decision making

Empathy and sensitivity: others' perspectives / treat with understanding; patients as people /respect all.

Managing others and team involvement

- Supervise, lead, decisions, organise and motivate .. benefit of patients through, eg, audit and QI projects
- Work effectively with others.

Organisation and planning

- manage/prioritise time, information / prioritise own workload and organise
- thoroughness (well-prepared, self-discipline/commitment, punctual/ deadlines.)

Vigilance and situational awareness

Working under pressure and managing uncertainty

Values Understands, respects, demonstrates the values of the NHS Constitution

?Management and Leadership; IT Skills

Upcoming events

- CT1 Interview Format and How to Prepare- Thursday 25 January 2024, 7pm to 8.30pm
- ST4 Interview Format and How to Prepare- Thursday 15 February 2024, 7pm to 8.30pm

These webinars are for those intending to apply for August 2024 and February 2025 starts. They are free to attend and will be held on zoom. For a registration link please contact <u>kmorris@rcoa.ac.uk</u>

Core and higher specialty training

The Anaesthetics National Recruitment Office (ANRO) oversee recruitment to core anaesthesia and ACCS anaesthesia (CT1), as well as recruitment to higher anaesthesia training posts (ST4). Information on how to apply, the national recruitment timeline, applicant guidance and person specifications can be found on the <u>ANRO website</u>.

We recommend all potential applicants read the person specifications to assess eligibility and qualifications required and the applicant guidance which sets out the whole process from application to offer.

For information on the anaesthesia training programme, the stages of training and the requirements for completion, please see our <u>Training Hub</u>.

Information for trainees

Multi-Specialty Recruitment Assessment (MSRA) 2022-2023 practice paper

Here you can find a useful <u>link</u> on the NHSE website, on practice paper with answer key and rationales for the MSRA.

ST4 portfolio preparation video

The ST4 portfolio preparation video is for anyone intending to apply for August 2024 or February 2025 starts. You can access the video link here.

from RCoA Website

Introduction; General Interview advice

- General advice
 - Just my advice!
 - Old people / positive
 - They want to see your qualities..'do I want this person as junior colleague'?
 - Are you inquisitive / keen polite kind organized summarise
- Read the official info- 'how could I show.....' previous slides
- Write your CV= ... key points
- Write stuff down why? confidence / library
- Practice speak!..
- What to do if you 'make a mistake' / say something you didn't intend
- ISC interview free questions + information



CV: why do it?

- Timing- interviews don't do a fancy CV now.
- Organize your thoughts on specific areas
- Personal Statement useful
 - What's my 'USP'?
 - What am I proud of?
 - What are my personal characteristics?
 - How can I show evidence for this stuff?
- What if I haven't got one yet?

CV: how to do it

- Many ways to do
- Ask for a colleagues-....but don't get too much advice
- Copy a format (see my website)
- Keep stuff as you go along
- = email yourself, put in folder
- Always send if pdf formatting

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CPD	
Stephens Screenshot 2024-0 Example Fri am me Stephens BA MBBS	eting Dr Robert CN
Stephens Iron deficiency ana Dr Robert CM Step FRCA MD FFICM C	hens BA MBBS
	onsultant in Anaes
Stephens CPD Rsr Attachment: IMG_0	29/12/2023
Stephens CPD Rsr	29/12/2023 0572.jpg 26/11/2023
Stephens CPD Rsr Attachment: IMG_0 Stephens Talk	29/12/2023 0572.jpg 26/11/2023 0299.jpg e-C 23/11/2023

Curriculum Vitae

There are lots of ways to write a Char this is only one ements and hopes whilst making them easily visible to the reade i's got to get over your main achiev

Noctors are often over-modest and don't make the connection between non-work life skills (e.g. coaching I football team, teaching 15-year-side or surviving/ thriving in difficult personal circumstances) and being : reat doctor. These examples will need communication, persistence, kindness, self-awareness, resili ind the ability to have conversations at the correct level etc – all qualities we need from doctors!

s you go along your career- keep a tab of possible CV worthy stuff. Personally, I email myself and add it CV or CPD (continuous professional development) folder. That way, when I update my ₩I have th vant things easily accessible.

The CV has to be honest + consistent- but you can put things in more than one place- e.g. a project may ave involved IT skills plus using leadership etc.

Show your CV to a few (not lots- too many opinions are bad!) once completed It take at least a few weeks to get it right.

When you appy for jobs. - this might be on an online platform. .. but your CV will likely be needed for you trainers (here's a portfolio of stuff to do + fill in) and a good central place for all job-style things

Your life may have involved another path- e.g. earlier degree, job, being a parent, carer or refugee etc- do onsider putting a section on that tee

All the best

Dr Robert C M Stephens

Core Trainee 3, UCL Hospitals

I like the cover plain, no border

Personal Details

Name	Robert Charles Tarquin Lady Harold Jeremiah Jones-Stephens
Date of Birth	28 ^e Jan 1909

- 68 Smiths Rd, Buckingham Palace, London, SW1A 1AA
- Phone 07967 452323
- E mail whatever@googlemail.com

GMC Number 4035767

Be consistent in formatting. Make sure your dates are all consistentmost recent at the top?

n and Qualifications	most recent at the top	?
Primary	1993	
St Repose Hospital, London Universit	y 1990	
Rob's College, Oxford University Physiological Sciences	1987	
Maths E, Music B, Chemistry A	1885	Maybe loose A levels?
	Primary St Rabia Hospital, London Universit Rob's College, Oxford University Physiological Sciences	Primary 1993 St Bubble Hospital, London University 1990 Rob's College, Oxford University 1987 Physiological Sciences 1987

Most of you will have a Personal Statement here

- this will be your Unique Selling Points/highlights Tve been · Think of your unique gualities... and how what you've done shows them described as... Did you do a BSc? What clubs you were in, sports, music etc. – What persona attributes did they bring out in you or show you e.g. 'I led a tour to Devon of the Clinical UCL 4th Darts team- this involved booking transport, a tour van etc.' Do you have a sense of what you might like to do work wise- don't worry if not!
 Look up a range of personal statements as a start
- Or if unlike me... you had Grants and Prizes- put them here- or in the personal statem

Career Aims The one here is a bit un-aspirational- you can do better! Doesn't matter if it doesn't happen!! My aim is to continue my NHS career in clinical anaesthesia and perioperative medicine

we aim is to combine the more than a state in cancel and assume and perioperative interaction combined with research and teaching. I would love to continue to deliver anasethesia in a stimulating academic environment such as x and enjoy the combination of improving service delivery, ground-breaking research and training junic doctors that exists there.

What's your plan- clinical and other?

Only have this page if you're in a special/Fellow post- otherwise leave

Current Post-Option 2 for later on in your career: included only as examples of

Research Fellow in Anaesthesia, UCL Hospitals: 11th August 2008 - current

Patients are always at the centre of my work. I deliver efficient, patient centred

perioperative care, anaesthelising for major urological, thoracic and gynaecology surgery as well as other regular clinical sessions. This has allowed me to develop great team working relationships with my surgical, anaesthelic and scrub nursing colleagues. When required by the department I have anaesthetised for other specialities

(gastrointestinal and bariatric surgery, vascular interventional, paediatric and ophthalmic surgery) often involving a mixture of general anaesthesia or sedation and regional

I run the Cardiopulmonary Exercise Testing service (CPET) at UCLH.

Education where you have others? Designed any other teaching? Itead UCL's etc. 4uc.dol/withing myself over 70 teaching sessions a year. I have won UCL teacher of the year for the last 5 years- nominated by students and in 2018 was awarded UCL's David dorian award for Excellence in Erhandrung Science in Medical Education. I am on the UCL Perioperative Masters Faculty and am developing a UCL iBSc module with colleagues. I lead and organise an annual novel course ... for ____and continue to educate myself in areas of anaesthesia I am less familiar with. I enjoy being an active member of the department, regularly teaching trainees, organising a, mentoring the educational fellow and UCL undergraduates. The teaching Youtube sites I started have had over 200.000 views.

rch- you can write this at whatever 'level' you need

Wy MD thesis examined "the human reserve revery you reduce My MD thesis examined "the human response to Endotoxin". I have a close working relationship with academic members in the department (Dr Ramani Moonesinghe and my mentor Professor Monity Mythen) as well as the Clinical Educationalist in Perioperative Medicine (Dr David Walker), With them I am an investigator in large portfolio randomised neutrolliv (b) carving to value to the second secon websites (www.ucl.ac.uk/ar

I have performed + presented 2 audits whilst in this post leading to changes in practice. I was the site coordinator for the 2011 perioperative CEPOD report 'Knowing the Risk'

Management

In management. I manage the clinical Cardiopulmonary Exercise Testing service at UCLH. When 'Anaesthetist of the day I manage problems in theatre and help in the smooth running of the anaesthetic department. I have introduced the World Health Organisation's 'safe surgery' checklist' wherever appropriate in theatre.

Be consistent in formatting. Make sure your dates are all consistent- most recent at the top? This should be a list of your jobs. The list will get longer of course as you move through jobs. You can choose to put as much detail/little as you wish such as description of what each post involves.

Foundation year Training FY3 in Intensive Care UCL Hospitals NHS Trust 4 Months FV3 in Anaesthesia 4 Months Kingston Hospital NHS Trust Dates FY2 in Emergency Medicine Kingston Hospital NHS Trust 4 Months Dates FY2 in Emergency Medicine 4 Months Kingston Hospital NHS Trust Dates FY2 in Psychiatry 4 Months Kingston Hospital NHS Trust Dates FY1 in Acute Medicine for the Elderly 4 Months Royal Free Hampstead NHS Trus Dates FY1 in Urology and Colorectal Surgery 4 Months Northwick Park Hospital Dates FY1 in Cardiology and Gastrointestinal Medicine Wexham Park Hospital 4 Months

Clinical Experience Summary- Tailored to job specification

E.g. Acute medicine Perhaps include a paragraph on each of your jobs- what did you gain? You may not want to put lots of detail here, or you may start early in your career putting lots of details or any other particular activity and then as you get more experience you may lose this level of detail.

Research Post If relevant only

iBSc research Project Institute of Child Health LICI Start date – End date Supervisors: Prof M G Mythen, Dr H Baxendale and Dr G Dixon

Summary of Research If relevant only

During my iBSc Project I attempted to answer some of the fundamental questions about Dening ing according to the second se injecting volunteers in the USA with very small doses of endotoxin to try and develop a new way of mimicking reactions to surgery. In a collaborative study I showed that critically injured children are more likely to have 'inflammation' if they have low endotoxin antibody levels. In the laboratory I isolated, grew and characterised the cells making endotoxin antibodies and measured the levels of these antibodies in mothers and their newborn

Publications If relevant - make sure formatting correct. Don't worry if you have none/few. Think of how you can write one e.g. a teaching article

G.L. Ackland, T.E. F. Abbott, D Cain, MR Edwards, P Sultan, SN Karmali, AJ Preoperative systemic inflammation and myocardial injury: prospective observational multicentre cohort study of patients undergoing non-cardiac surgery Submitted 2018

Abstracts, Poster Presentations and Letters ther as it makes it more impres

Letters to my Mother at School. Presented by Robert Stephens at the ASA meeting, San

May S, Karmali S, Reyes A, Gallego Paredes L, Martir G, Stephens R, Brealey D, Ackland G. Serial holter recordings in non-cardiac surgery patients reveal postoperative autonomic impairment within 48 hours. BJA Research Forum/ARS Winter Meeting November 2017

Teaching Experience Write a paragraph perhaps?

How can you start your own course? / hele others? / MDT teaching Have you taught school kids/outreach? Have you attended any 'how to teach' courses yourself?

Management and Leadership Experience This may come later in your career., but

Clinical

I helped to implement the .

Quality Improvement, Audit and Patient Experience V relevant now of course.

Colleagues I organised (with Dr Viki Mitchell) the physical space for FY1's at ...

With 4 colleagues, I started, designed and organised the ongoing course 'A practical introduction to Intensive Care', teaching over 200 junior trainees a year....

Societies Royal College

Recent Conferences, Meetings and Courses Good to break up into types of course I think. Avoid months as the Tailor to job specification again? Or where you may be heading .

Clinical Medicine Evidence Based Perioperative Medicine, London 2015

Emergency and Life Support

Society for Education in Anaesthesia, Autumn meeting, USA 2018 Lab Skills

Other- add as you need

Other Skills and Interests- my examples only- you are your own person!

Dates

Information Technology important to have now- often get 'points' for it I am proficient in Microsoft Word, Excel, PowerPoint, SPSS ('Statistical package for Social Sciences') and Dreamweaver (website design). I designed, created and maintain the 'UCL Centre for Anaesthesia' website. I have 5million views on our educational YouTube site

Languages I am learning Xosa and am interested in learning how to say '123' in as many languages as possible

I have grade 8 piano, grade 6 'cello and 'A' level music. When at medical school I organised and conducted 10 concerts including ..

Travel and Art My interest in Indian and Islamic Art and Architecture has led me to Eastern Turkey, Egypt, Israel and India. At university I was awarded the 'Laurence Binyon Travel Prize' for a trip to visit Islamic sites in Turkey and Egypt. I lived in Delhi, India for 2 months in 1998, from which I explored the region. In 2017 we hope to have a family holiday in Iran.

Sport I rowed in the I used to run a 5-minute mile

Food and Drink I enjoy wine and love eating out, especially with my Axoloti Macv.

You may speak other languages, have sports, artistic skills, politics, social activism or anything else that might make you more memorable at an interview!

Referee Do ask you



Sections on CV

- Demographics
- Education and Qualifications
- Personal statement
- Clinical Time + skills
- Publications incl Posters,
- Presentations anywhere
- Governance QI, Audit, Patient Leaflets

- Teaching incl Students, MDT, department, writing material, examining
- Conferences, Meetings, Courses
- Memberships of Societies
- IT skills
- Other
- References

Key CV rules for me

Need to see the special things easily- not go hunting!

- Key info only * otherwise = distracting
- Ask 'why am I adding/ putting this sentence/thing in?'
- Attention to detail formatting, consistency eg in dates
- Put stuff in multiple sections- that's OK
- Separate section, separate page; ideally don't go over a page
- Remove old stuff, but keep private separate 'full' CV
- Don't be modest but obviously don't lie

What I have no CV?

- Don't panic!
- Sit down with CV sections bullet points
- Key info only you'd like to mention
- Do the basics only to organise your thoughts..

..... so if you're asked you can discuss.

To organise your thoughts.. To draw on in an interview so if you're asked you can discuss.

Record of stuff you've done

*but have one CV with everything in for ARCP that you add to

Interview tips about your CV/you

Interview classic questions; basic rules

- c2 minutes long maximum: Tell them/drawing attention to USP
- Think- start with headlines
 - ?key elements....don't explain too much or focus on one thing to start
- Use key phrases "I'm proud of.."....
- "I've been described as.."
- Try active tense/phrase
 - "I organized / got together a group to" .. "led a.." "..with colleagues I taught.."
- "Surgical, Nursing, ODP colleagues", patients
- ?turn challenges into positives (if poss) but don't explain everything
- Be honest "I found it hard when..." " that seems a difficult situation.."

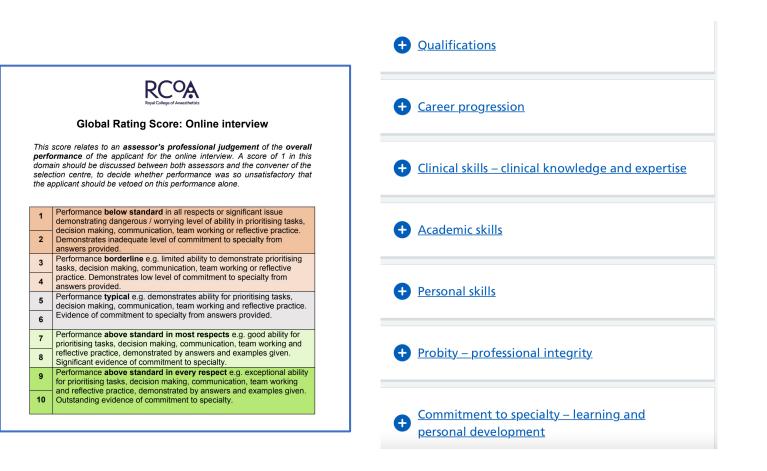


ST4 2024 Scoring Guidance GPCs of Safety and QI / Research and managing data / Education and Training / Health Promotion

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Failed to understand how concept changed personal practice or that of others.	Recognised that demonstration of concept is used to change practice but no clear example of making change.	Good demonstration of topic with clear demonstration of change in practice.	Good demonstration of topic with demonstration in change of practice that they have presented or published.	Excellent demonstration of topic demonstrating change in clinical practice that has contributed to publication or national or local guideline.
Poorly structured answer. Disorganised with no underlying knowledge.	Started with organised thought and structure but was not maintained as applicant was challenged.	Evidence of structured thinking that was maintained throughout answer, hesitant with challenge.	Good structure to answer, appropriate response to challenge.	Excellent structure to answer. Clear and concise Good response to challenge.

Marking for Questions



Classic questions & phrases

What part of your CV / training are you most proud of?

Remember basic rules

'I'm most proud of.." paper / role / audit / coming back to work..

Say why.. ??demonstrate quality ..?tell a story

"I managed to ...

"I really learnt/took away from this.."

"this changed what we do .."

'Talk me though this part of your CV' eg QI, education

Remember basic rules

Practice talking about a few parts of your CV

- What was it
- Why did you do it?- did it address a problem?
- What did it show / point of it
- Was there feedback? A result

'What evidence / data / paper / study has changed your practice'

Remember basic rules

Futier 2013 NEJM – lung protective ventilation in GA 'Knowing the Risk' NCEPOD 2011 – lots of things – SORT score, monitoring- table 4.52 Safe Surgery Checklist NEJM and WHO; Haynes 2009

Is MAP< 65 mmHg bad? Editorial Kamenetsky, Paper Sessler 2022

Local Data?

'What's one of your strengths? a weakness?'

Remember basic rules

"an ODP recently said I was.."..'I do try to always..."

for example ...

Weakness – choose one with an example Weakness – reflection.. learning point.. work in progress..

'What do you enjoy about your job as an anaesthetist? '

Think of your own answer

Clinical / Academic/ Education/ Mx/ Other

Clinical interview: key things

If you thought of the best anaesthetist what would they be? Basic Rules ?list the key issues about the situation

DR ABCDE Hx Ex Ix Pt Discussion Mx (Leadership vs Teamwork- both needed Communication / Prioritise / Teamwork Difficult colleague

Cvs Rs GI Gu Ns Other

Get help, delegate, use team wisely ? AAR / feedback session / 'Datex' / D of Candour / Consultant debrief

Summary

- Look at the official information (eg NHS constitution is mentioned)
- Know your CV..
- Write classic answer bullet points; build a 'library' use some
- Tell a 'story'.. Progression.. Active words..
- Clinical/academic/education/Mx/Other = fallback
- Clinical- order answer.. Personal qualities..

Thanks! Questions Good luck!







Q All ▶ Videos News Images Alps Hore Tools

About 21,000 results (0.42 seconds)

https://rcoa.ac.uk > news > recruitment-round-3-februar...

Recruitment Round 3 for February 2023 starts- Simulated ...

11 Aug 2022 — The **RCoA** Recruitment Committee with help from experienced interviewers and

... Interview Preparation videos CT1/ACCS (Anaesthetics) and ST4.

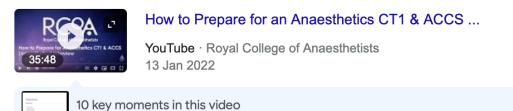
You visited this page on 16/01/23.

https://rcoa.ac.uk > news > anaesthetics-february-2023-s...

Anaesthetics February 2023 ST4 recruitment

12 Sept 2022 — Please take a look at our **ST4** online **interview** preparation **video** on the **RCoA** website. Invites to online **interview** will go out on Tuesday 20 ...

▶ Videos :



31:45 PREVIEW

Interview techniques for the Anaesthesia training program ...

YouTube · ABCs of Anaesthesia 29 Jun 2021



Where's the official information?

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News	Centre for Perioperative Care		Faculty of Pain N	<i>N</i> edicine	Partners	•				
RCQ Royal College of Anaesth	netists						My RCo/	A	Join	
Membership	For patients	Training & careers	Examinations	Events & professional development	Research	Safety, standards & quality	About us	Policy	Q	

Home > Latest news

Recruitment Round 3 for February 2023 starts-Simulated Interview Preparation videos CT1/ACCS (Anaesthetics) and ST4

Published: 11/08/2022

The RCoA Recruitment Committee with help from experienced interviewers and trainee volunteers has produced simulated interviews for both Anaesthetics CT1 & ACCS (Anaesthetics) and ST4. We are reposting the videos on how to prepare for the Multi-Specialty Recruitment Assessment (MSRA) and the Anaesthetics CT1/ACCS (Anaesthetics) Interview. The interview structure has had some minor changes made to the content, but these broadly cover how to prepare and answer questions. The scoring matrices for interview can be found on the <u>ANRO</u> website with the domains assessed.

The College advises anyone preparing for this recruitment round to take a look.



How to Prepare for Anaesthetics CT1 & ACCS (Anaesthetics) Interview

Dr Gaby McGrath, CT1 Anaesthetics



CT1 & ACCS (Anaesthetics) Simulation Interview

Trainers, Dr Graeme Lilley and Dr Libby Duff, The Grange University Hospital, Newport, Wales Trainee, Dr Alison Hare, The Grange University Hospital, Newport, Wales Mrs Liz E 17:30 ge, Specialty Training Manager, HEIW



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CT1 & ACCS (Anaesthetics) Simulation Interview

Trainers, Dr Graeme Lilley and Dr Libby Duff, The Grange University Hospital, Newport, Wales Trainee, Dr Amber Summerhayes, The Grange University Hospital, Newport, Wales

Mrs Liz E 15:32 ge, Specialty Training Manager , HEIW



ST4 Simulation Interview

Trainers Dr Caroline Evans and Dr Sarah Harries, University Hospital Wales, Cardiff

Trainee Dr Emily Murphy, University Hospital Wales, Cardiff

Mrs Liz Babbage, Specialty Training Manager, HEIW



News	Centre for Perioperative Care		Faculty of Pain N	<i>A</i> edicine	Partners	4				
RCQ Royal College of Anaesth	netists						My RCo4	4	Join	
Membership	For patients	Training & careers	Examinations	Events & professional development	Research	Safety, standards & quality	About us	Policy	Q	

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The RCoA Recruitment Committee with help from experienced interviewers and trainee volunteers has produced simulated interviews for both Anaesthetics CT1 & ACCS (Anaesthetics) and ST4. We are reposting the videos on how to prepare for the Multi-Specialty Recruitment Assessment (MSRA) and the Anaesthetics CT1/ACCS (Anaesthetics) Interview. The interview structure has had some minor changes made to the content, but these broadly cover new to prepare and answer questions. The scoring matrices for interview can be found on the <u>ANRO</u> website with the domains assessed.

The College advises anyone preparing for this recruitment round to take a look.



Home CT1 ST4 February 2023	How to Apply Downloads Contact Us	
Anaesthetics ST4 Recruitme	nt	
Recruitment Information Vacancies In	terviews	
Specialty & Level (Type of Work)	Anaesthetics ST4	
Recruitment Round	August 2023	
Type of Recruitment	National	
Qualifications & Professional Registration Required	See Anaesthetics ST4 Person Specification	
Anticipated Start Date		
Competition Ratios	Visit Specialty Training Website	
Contact Us	Email Recruitment Team	
Application Process	See Medical Specialty Recruitment Applicant Handbook 2023	
Online Recruitment Portal	Oriel	
National Recruitment Timetable		
Advert Appears	Wednesday 16 th November 2022	
Apply from	Thursday 17 th November 2022 (10am)	
Closing Date	Thursday 8th December 2022 (4pm)	Where's the official information?
Self-Assessment Document Upload Window	Monday 16 th January 2023 to Wednesday 25 th January 2023	



<u>Home</u> > <u>Medical Specialty Recruitment</u> > <u>Medical Specialty Recruitment</u>

Person specifications

You must check your eligibility against the nationally agreed person specification for your chosen specialty before applying

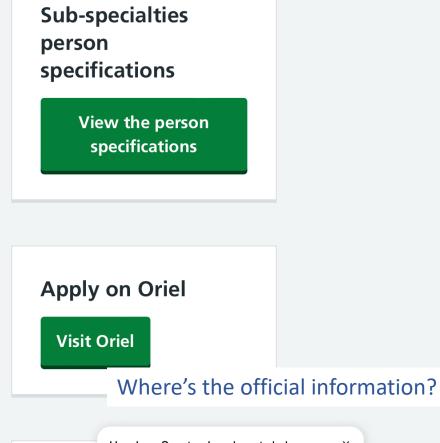
+ <u>Academic</u>

+ Acute Care Common Stem

<u>Acute Internal Medicine</u>

• <u>Allergy</u>





Hey, I am Spectra. I am here to help × answer your questions about specialty recruitment. I am not a human so please use key words or simple phrases!

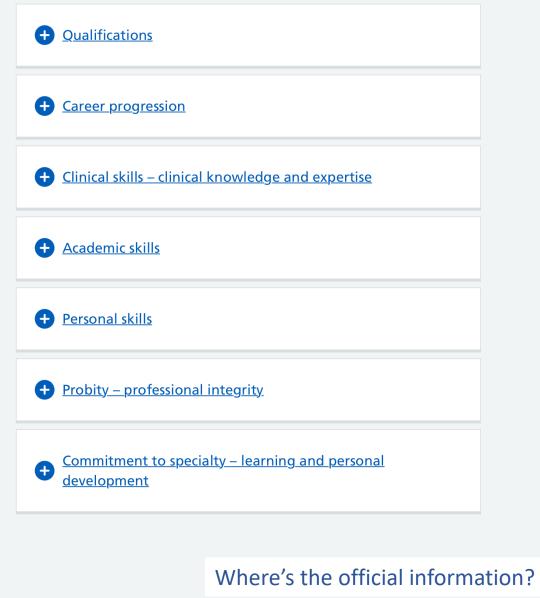


Essential entry criteria

▲ Qualifications

Qualifications	
Eligibility	
• Fitness to practise	
Language skills	
+ <u>Health</u>	
• <u>Career progression</u>	
<u>Application completion</u>	
Selection criteria	

Selection criteria





Home CT1 ST4 February 2023 H	How to Apply Downloads Contact Us
Anaesthetics February 2023 R	
Recruitment Information CT1 ST4 O	Online Interviews
Specialty & Level (Type of Work)	Anaesthetics/ACCS Anaesthetics CT1 & Anaesthetics ST4
Recruitment Round	February 2023
Type of Recruitment	National
Qualifications & Professional Registration Required	See Anaesthetics CT1 Person Specification See (ACCS) Approximation CT1 Person Specification See Anaesthetics ST4 Person Specification
Anticipated Start Date	
Competition Ratios	Visit Specialty Training Website
Contact Us	Email Recruitment Team
Application Process	See Applicant Guidance
Online Recruitment Portal	Oriel
National Recruitment Timetable	Where's the official informati
Advert	
Advert Appears	

Person specification	
Academic	
NIHR ACF Academic Person Specification.pdf	View / Download
Acute care common stem (ACCS)	
ACUTE CARE COMMON STEM (ACCS) INTERNAL MEDICINE CT1 2023.pdf	View / Download
ACUTE CARE COMMON STEM (ACCS) EMERGENCY MEDICINE CT1 ST1 2023	3.pdf & View / Download
Acute Internal Medicine	
ACUTE INTERNAL MEDICINE ST4 2023.pdf	View / Download
Allergy	
ALLERGY ST3 2023.pdf	View / Download
Anaesthesia	

Hey, I am Spectra. I am here to help answer your questions about special recruitment. I am not a human so ple use key words or simple phrases!

PERSON SPECIFICATION 2023

ANAESTHETICS – ST4

ENTRY CRITERIA	
Essential Criteria	When is this
Qualifications:	evaluated?"
Applicants must have:	Application form
MBBS or equivalent medical qualification	
Primary FRCA or EEA Eligibility by offer date ⁱ	
Eligibility:	When is this
Applicants must:	evaluated?
 Be eligible for full registration with, and hold a current licence to practiseⁱⁱⁱ from, the GMC at intended start date^{iv} 	Application form, interview/selection centre ^v
Be eligible to work in the UK	
Have evidence of either :	
Current employment in a UK Anaesthetics or ACCS Anaesthetics Core Training Programme;	
or	

Where's the official information?

SELECTION CRITERIA

Qualifications

Essential Criteria

As above

Desirable Criteria

- BSc, BA, BMedSci or equivalent
- Higher degrees including MSc, PhD or MD (where research thesis not part of first medical degree)
- Postgraduate qualifications achieved in other specialties

When is this evaluated?

- Application form
- Verified ST4 portfolio

Interview/selection

centre

References

Career Progression



Personal Details

Name	Robert Charles Tarquin Sir Harold Jeremiah Jones Stephens
Date of Birth	28 th Jan 1909
Home Address	67 Smiths Rd etc
Phone	07967 452344
E mail	whatever@googlemail.com
GMC Number	4035767

Education and Qualifications Be consistent in formatting

FFICM	Fellow of the Faculty of Intensive Care Medicine	2011
FRCA	Fellow of the Royal College of Anaesthetists	2002
MB BS	St Mary's Hospital, London University	1994
BA Honours	A University Physiological Sciences	1989

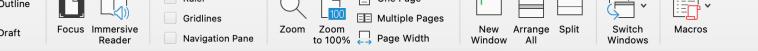
Personal Statement

- this will be your Unique Selling Points/highlights
 what are you proud of?
 'lve been described as
 what are you aiming for?
 look at a few examples
 not just a list of clinical stuff



aft

e clear- when. I don't use lots of detail for the posts JCL Hospitals NHS Trust 1 th August 2008- 1 st July 2009	11 Months
Specialist Registrar Training	
The Royal NHS Trust ^{#h} February - 6 th August 2008 Anaesthesia for Cancer Surgery including Paediatrics and Intensive Ca	6 Months
The London NHS Trust ^{rth} November 2007- 6 th February 2008 ntensive Care including Trauma, Resuscitation and Neurosurgical Inte	3 Months
Eye Hospital NHS Trust st August 2007- 6 th November 2007 Dphthalmic Anaesthesia including Paediatrics	3 Months
JCL Hospitals NHS Trust S th March 2006- 31 st July 2007 ncluding General Anaesthesia, Paediatrics and Trauma A <i>period of 50-70% flexible training = 12^{1/5} months full time equivalent</i>	17 Months
Research Training Fellow in something, UCL th June 2002- 5 th March 2006 <i>1 year counted towards Ar</i>	45 Months aesthesia training
Hospital for Physio and Neurology nd March 2002- 3 rd June 2002 Neuroanaesthesia and <u>Neurointensive</u> Care	3 Months
JCL Hospitals NHS Trust ^{2nd} December 2001- 1 st March 2002 Cardiothoracic Anaesthesia and Intensive Care	3 Months
JCL Hospitals NHS Trust ^{Ist} September 2001- 1 st December 2001 ntensive Care	3 Months
JCL Research fellow in Anaesthesia and Intensive Care nd June 2001 – 1 st Sept 2001 Out of program	3 Months mme experience
The Free Hampstead NHS Trust 5 th March 2001 – 3 rd June 2001 General Anaesthesia and High Dependency Unit	3 Months
he Free Hampstead NHS Trust ² nd December 2000 – 4 th March 2001 ntensive Care	3 Months
A Hospital NHS Trust I5 th February 2000 – 1 st December 2000 ∋eneral and Obstetric Anaesthesia	9 ^{1/2} Months



Senior House Officer and House Officer Training Senior House Officer in Intensive Care 12 Months A Hospitals NHS Trust 1st February 1998 – 1st February 1999 Senior House Officer in Anaesthesia 21 Months A Hospital NHS Trust 1st November 1995 – 1st November 1996, 1st May 1997 – 1st February 1998 Senior House Officer in Accident and Emergency 6 Months A Hospital NHS Trust 1st February 1995 – 1st August 1995 Senior House Officer in Acute Medicine for the Elderly 6 Months The Hampstead NHS Trust 1st August 1994 – 31st January 1995 House Officer in Urology and Colorectal Surgery 6 Months Green Park Hospital 1st February 1994 – 31st July 1994 House Officer in Cardiology and Gastrointestinal Medicine 6 Months Red Park Hospital 1st August 1993 – 31st January 1994

Clinical Experience Summary- Tailored to job specification if applying to consultant jobs

Major Gynaecological Surgery

At the Royal Marsden and UCL Hospitals I anaesthetised patients for major gynecological surgery and have been fully trained in assessing, preparing and managing patients during and after <u>bigh_risk</u> surgery. Aside from providing anaesthesia and analgesia this involved attending <u>preasessment</u> clinics, multidisciplinary team meetings and discussing options with patients and surgeons.

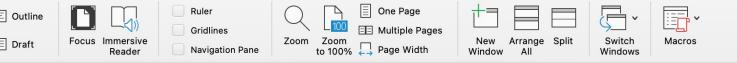
Orthopaedic Surgery

At UCL Hospitals, the Royal Free Hospital and the Whittington Hospital I have anaesthetised patients for lower limb (hip and knee) joint replacement as well as for ankle, shoulder, hand and foot surgery. I am confident providing anaesthesia for these procedures with general, regional (spinal or epidural), sedation or local anaesthetic techniques.

Other specialities

I have provided anaesthesia for <u>Paediatric</u> Colorectal, Upper Gastrointestinal (including single lung ventilation), Vascular, Ophthalmic and Bariatric surgery. During my dedicated posts in critical care <u>at LUCL</u> Hospitals, the Royal Free Hospital and the Royal London and whilst on call at the Heart Hospital and the National Hospital for Neurology and Neurosurgery I obtained a good broad knowledge of the pathology and management of intensive care patients.





Research Posts if relevant only

Academy of Medical Sciences/the Health Foundation Research Training Fellowship in Anaesthesia Institute of Child Health, UCL 3rd June 2003 – 5th March 2006 Supervisors: Prof M G Mythen, Dr H Baxendale and Dr G Dixon

Portex Research Fellow Institute of Child Health, UCL 3rd June 2002 – 3rd June 2003 Supervisor: Prof M G Mythen

Research Fellow in Anaesthesia and Intensive Care The Centre for Anaesthesia, UCL Hospitals NHS Trust 4th Feb 1999 – 14th Feb 2000 and 2nd June 2001 – 3rd Sept 2001 Supervisor: Prof M G Mythen

Summary of Research if relevant only

Many patients suffer complications following major surgery. My research work centred on the body's immune response to the stresses encountered during major surgery, how they contribute to postoperative outcome and whether they might be manipulated to the patients benefit.

33 months

12 months

15 months

During an initial research year (1999-2000) with Professor Mythen I received a good grounding in the practical aspects of a clinical trial, ethics and writing papers. I started to prepare for an Academy of Medical Sciences/The Health Foundation Research Training Fellowship, which I was awarded in 2002. I spent my second research year (2002-2003) finding an appropriate laboratory, getting a basic science supervisor, learning new scientific techniques and developing collaborative projects within UCL and outside in Edinburgh University and Columbia Presbyterian University, New York, USA.

During my Research Training Fellowship (2003-2006) years I attempted to answer some of the fundamental questions about the human antibody response to endotoxin, part of our natural 'gut bacteria'. In particular, I discovered that some people appear to have low levels of antibodies to a variety of natural substances, a novel finding. I also undertook a collaborative trial that involved injecting volunteers in the USA with very small doses of endotoxin to try and develop a new way of mimicking reactions to surgery. In a collaborative study I showed that critically injured children are more likely to have 'inflammation' if they have low endotoxin antibody levels. In the laboratory I isolated, grew and characterised the cells making endotoxin antibodies and measured the levels of these antibodies in mothers and their newborn children.

My research interests are relevant to the fields of cardiovascular disease, infectious disease, critical care and of course perioperative medicine. I am currently writing my MD thesis, and have several papers published from my time as a Research Training Fellow. I am now involved in planning a large study, led by Dr Gareth Ackland (Clinician Scientist in Anaethesia) investigating how and why patients have complications after major surgery.





Arial

AaBbCcDdE AaBbCcDdEe AaBbCcDdE AaBbCcDdE AaBbCcDdE AaBbCcDdE Book Title Emphasis Heading 1

Heading 2

Styles Heading 4

Pane

Heading 3

Editor

Dictate

Publications if relevant - make sure formatting correct. Don't worry if you have none/few. Think of how you can write one eg a teaching article

DN Wijeysundera, RM Pearse, MA Shulman, TFF Abbott, E Torres, A Ambosta, B L Croal, JT Granton, KE Thorpe, M P W Grocott, C Farrington, PS Myles, BH Cuthbertson, on behalf of the METS study investigators. Assessment of functional capacity before major non-cardiac surgery: an international, prospective cohort study. Lancet 2018; 391: 2631-40

G.L. Ackland, T.E. F. Abbott, D Cain, MR Edwards, P Sultan, SN Karmali, AJ Fowler, NJ MacDonald, A Reves, L Gallego Paredes, JR Whittle, RCM Stephens, S. Woldman, R.A. Archbold,3 A. Wragg,3 E. Kam, T. Ahmad, A.W. Khan, E.Niebrzegowska, A Gutierrez del Arroyo Del Arroyo, R. M. Pearse Preoperative systemic inflammation and myocardial injury: prospective observational multicentre cohort study of patients undergoing non-cardiac surgery Submitted 2018

Smith A, Carey C, Sadler J, Smith H, Stephens R, Frith C. Undergraduate education in anaesthesia, intensive care pain and perioperative medicine: the development of a national curriculum framework. Medical Teacher 2018 published online July 3

Smith A, Carey C, Sadler J, Smith H, Stephens R, Frith C. Undergraduate education in anaesthesia and related specialties; a compendium of current practice and resources for educators Submitted 2018

Frith C and Stephens R. Undergraduate teaching in Anaesthesia, Critical care, Pain and Perioperative medicine. RCoA Bulletin 2017, 106, 36-38

Abstracts, Poster Presentations and Letters I lump these together as it makes it more impressive/less 'bitty'

Dr Gautam Kumar and the Centre for Perioperative Medicine (CPOM). The Future of Perioperative Medicine as Described by Early Adopters. Presented by Robert Stephens at the ASA meeting. San Francisco 2018

May S, Karmali S, Reves A, Gallego Paredes L, Martir G, Stephens R, Brealey D, Ackland G. Serial holter recordings in non-cardiac surgery patients reveal postoperative autonomic impairment within 48 hours. BJA Research Forum/ARS Winter Meeting November 2017

Frith C, Whiteman A, Stephens R. Our experience of an open-access online learning tool to support a new Undergraduate Perioperative Medicine week. Cost-effective, interactive, easy-to-use. Abstract 74. ASME medical conference, London, April, 2016

Orr JA, Stephens RS & Mitchell VM. Ultrasound-guided localisation of the trachea. Anaesthesia. 2007 Sep;62(9):972-3. Letter

RCM Stephens, J Lowry, S Cone, S Harris and D Walker. The educational concerns of trainees in Intensive Care, American Society of Anesthesiology Annual Meeting, San Fransisco USA, November 2007



Teaching Experience ? how can you start your own course?/ help others?

I lead the UCL teaching on Anaesthesia /Periop Medicine for the MBBS curriculum, and teach some of the Cardiac Physiology to the year 1 MBBS students. Each week I teach anaesthetic trainees in theatre lists. I have taught on Intensive Care Nurse courses and Primary FRCA, Final FRCA, MB BS, MB PhD and 'A UCL Practical Introduction to Intensive Care' courses. I have lead the 'Introduction to Anaesthesia' course for junior trainees across specialities for the last 8 years. I speak on 'update in Anaesthesia' courses annually.

Management and Leadership Experience

You might have a Quality Improvement section

Clinical

I helped to implement the clinical introduction of 'Intralipid' (an antidote to Local Anaesthetic toxicity) and have been involved in part of the 'lean' Theatre and Theatre Pharmacy projects at UCLH.

Quality Improvement or Audit Relevant now of course.

Colleagues

I organised (with Dr x) the physical space for Academic Anaesthetic Fellows at the 'Centre for Anaesthesia', UCL. At the Royal London Hospital I coordinated the Registrar's rota. I am a mentor to one of the Physician Anaesthetic Assistants.

Organising

With 4 colleagues, I started, designed and organised the ongoing course 'A practical introduction to Intensive Care', teaching over 200 junior trainees a year. I organised the inaugural 'Marsden Management course for new consultants' 2008. These courses have raised profits that are fed back into more educational and research activities.

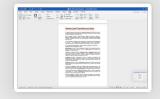
Recent Conferences, Meetings and Courses

good to break up into types of course I think. Avoid months = irrelevant! **?Tailor** to job specification again?

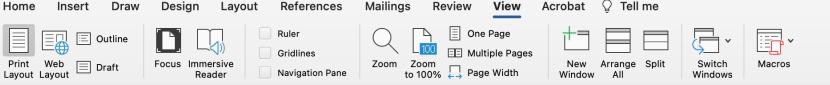
Clinical Anaesthesia

ASA 2018, San Fransisco USA Evidence Based Perioperative Medicine, London American Society of <u>Anesthesiology</u> , San Fransisco, USA Regional Anaesthesia, San Fransisco, USA	2018 2015 2007 2007
Emergency and Life Support Advanced Trauma Life Support, Barts and The London <i>invited to be an instructor</i> Acute Cardiac resuscitation, UCLH (Advanced Life Support protoco Childrens, Acute Transport Service: an update	2008 Ils) 2007 2006
Education	

Society for Education in Anaesthesia, Autumn meeting, USA	2018
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Other Skills and Interests

Information Technology important to have now- often get 'points' for it

I am proficient in Microsoft Word, Excel, <u>Powerpoint</u>, SPSS ('Statistical package for Social Sciences') and Dreamweaver (website design). I designed, <u>created</u> and maintain the 'UCL Centre for Anaesthesia' website.

Societies

I am a member of the Royal College of Anaesthesia, the Association of Anaesthetists of Great Britain and Ireland, the MDDUS. Prob should have it's own space now

Music

I have grade 86 piano, grade 16 'cello and 'A' level music. When at medical school I organised and conducted 10 concerts including Handel's 'Messiah' and Faure's 'Requiem' with a full orchestra.

Travel and Art

My interest in Indian and Islamic Art and Architecture has led me to Eastern Turkey, Egypt, Israel and India. At university I was awarded the 'Laurence Bioyon, Travel Prize' for a trip to visit Islamic sites in Turkey and Egypt. I had a flat in Delhi, India for 2 months in 1998, from which I explored the region. In 2017 we hope to have a family holiday in Iran.

Sport

At Oxford I rowed in the college 1st VIII, and for the City of Oxford, including three appearances at Henley Royal Regatta. I used to run a <u>5 minute</u> mile.

Food and Drink

I enjoy wine and love eating out, especially with my wife, Fi and our children Ruby, \underline{Emi} and Mr Finn.

Other

I am an advisor on Anaesthesia for the Royal Society's Media Centre and edited a <u>book</u>. Data interpretation in Anaesthesia' for Elsevier/the Lancet group with 3 colleagues.

Career Aims

My aim is to continue my NHS career in clinical anaesthesia and perioperative medicine combined with research and teaching. I would love to continue to deliver anaesthesia in a stimulating academic environment such as UCLH and enjoy the combination of improving service delivery, groundbreaking research and training junior doctors that exists there. My one here is a bit un-aspirational- you might want do better!

