

# How to do it

## Prepare a curriculum vitae

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"Name, address. Excuse the fantasy.  
Photo of the woman I was at twenty.  
Marital status: no second finds me the same.  
Virgin, mistress, single and married—  
Must I conform to a particular brand?"

Patricia McCarthy, *Curriculum Vitae*

I owe a debt of gratitude to an attractive blonde secretary who once graced the offices of a Midland dean of postgraduate studies. Having kindly typed my application for a registrar post, she remarked in her characteristically forthright way—"this could belong to any old fool. Let me rewrite it for you." When she presented me with her interpretation of my medical prowess, it took me some time to accept the metamorphosis. For the first time in my medical career I had been given an astute practical lesson. It is, indeed, a sad reflection on our medical schools that we should emerge brimful of matters medical after six years, but utterly untutored in the art of acquiring an appointment—a tedious business that may occupy much of our time. Thanks to my mentor I am now able to see things from the other side of the fence, and I realise that I was not the only one unable to prepare a curriculum vitae. The standard of curricula vitae submitted for posts at all levels is often abysmally low. At times one is left wondering if the applicant has received any schooling in the rudiments of English spelling and writing.

### General layout

There are many ways of planning a curriculum vitae, and the method proposed here (see below) is a personal choice. There are other methods and styles every bit as acceptable. The style chosen, however, should have order, be neatly laid out, and have no misspellings, indifferent typing (a good typewriter and secretary are mandatory), or inaccuracies. It is important to comply fully with the instructions for applicants; if 20 copies of a curriculum vitae are requested, 20 copies must be submitted, however unreasonable this may seem to the applicant. Likewise, if a photograph is requested, one must be supplied. Applications must reach the right person before the closing date. Allow plenty of time for delays in postage, and for delays in hospital distribution of mail.

Many hospital authorities make it difficult for the applicant by providing a totally inadequate application form. The best way of dealing with this problem is to submit your own curriculum

vitae, and to complete the form only to draw attention to the corresponding page of the curriculum vitae. Sometimes the application form seeks information that would not normally be included in the curriculum vitae—for example, previous salaries. For senior posts, it is worth trouble and expense to have one's curriculum vitae printed. Once this has been properly done, without much difficulty it can be amended from year to year.

TABLE—Suggested layout for curriculum vitae

General and personal		
Name:	.....	
Address:	.....	
Nationality:	Date of birth:	Family:
Interests:	.....	
General education:	.....	
Medical career		
undergraduate education:		
.....		
(a) Medical school:	.....	
Date of entry:	.....	
Date of graduation:	.....	
(b) Teaching hospitals:	.....	
(c) Distinctions:	.....	
Qualifications:	.....	
Previous appointments:	.....	
Present appointment(s):	.....	
Career plans:	.....	
Publications:	.....	
Addresses:	.....	
Learned societies:	.....	
Referees:	.....	

### Details

*Interests*—this refers to general interests. These might be considered under the headings "cultural, sporting, or recreational." Any distinctions in these general pursuits should be briefly mentioned—a cap in rugby, for example, or a place in the college or university debating society.

*General education*—schools attended, examinations taken with results, and distinctions should be briefly listed.

*Undergraduate education*—this should include date of entry

to and graduation from medical school, and all honours and distinctions should be listed. It is surprising how often applicants fail to mention an honours in examination, or a placing in a prize examination. If there has been a genuine reason for failing or postponing an examination, particularly if this results in a delay in graduation, this should be briefly indicated—for example, family illness preventing the taking of finals on schedule. If, on the other hand, there are no mitigating circumstances the dates should merely be stated.

*Qualifications*—list full titles of degrees and fellowships with dates of award.

*Previous appointments*—these should be in chronological order. It is best to put the designation of the post on the left hand side of the page, the tenure on the right, and a summary of experience beneath this, using the unwritten headings “service commitment,” “teaching,” “research,” or “administration” as appropriate to maintain order and to help you to remember past appointments.

Senior house officer to

Professor Oblong,  
Department of Medicine,  
University of Maydell and  
St Magdall's Hospital,  
London.

July 1972-June 1973  
(12 months)

Professor Oblong was professor of medicine at the University of Maydell. His special interest was gastroenterology. There were 40 general medical beds and 10 gastroenterological beds. The hospital was on-take one night in four and I was on call every second night. I gained experience in acute medical emergencies including acute coronary care. I assisted at Professor Oblong's outpatients twice weekly at which 2000 general medical problems and 2000 gastroenterological problems were seen annually. I was trained in endoscopic procedures, liver and intestinal biopsy techniques, and was competent to perform these procedures without supervision at the end of my appointment.

St Magdall's is a teaching hospital at which 300 medical students attend. I gave two senior and one junior tutorial to the students each week and participated in the professorial department's clinical teaching sessions which were held three times weekly, and also at the weekly CPC. I gave six lectures to nurses each term and took part in the general practitioner postgraduate luncheon meetings.

I participated in a trial of a new H<sub>2</sub> antagonist, and assisted at experiments to determine the efficacy of the drug on canine gastric secretion. As a result of this work there has been one publication (see publications), and another is being prepared for submission.

*Present appointment(s)*—the layout is similar to the above. There may be more than one post—if one was registrar in medicine and tutor to the medical school, each post would be dealt with separately. In the above example, because of the type of job, the greater emphasis is on the service commitment. This would not be the case in a research or tutor post. In more senior posts administrative experience would become relevant.

*Publications*—accuracy is important. Interviewers often check publications more to familiarise themselves with the standard

and content of the work than to verify its existence—and, understandably, a poor view will be taken if the publication cannot be located. Full details of publications should be given—all authors as listed on the original publication, full title of the paper and journal with correct year, volume, and page numbers.

*Addresses and learned societies*—these should be listed with dates and venue for the former, and dates of membership for the latter.

*Referees*—referees are essential to all applications for jobs and careful thought should be given to their choice. Obviously, it is important to choose a referee who will speak well of one. Some doctors have a habit of asking for an open reference on completion of a post but this will usually be refused, and if given is not worth the paper it is written on. Permission to use a referee's name should always be sought in writing before submitting the application. Occasionally time does not permit this and a telephone call may have to suffice, but this should be the exception to the rule. Always give the referee details of when you knew him—he may have forgotten all about you. It is a good policy to let each referee have a copy of your curriculum vitae. Also give details of the post for which you are applying, and the likely date of interview (if he is away, his secretary will let you or the interview board know this). An interview board is not impressed if the named referees have not sent references, and usually the fault rests with the applicant, who has not allowed sufficient time for the preparation, typing, and delivery of the reference.

*Covering letter*—a handwritten letter should accompany all applications.

Dear . . .

I wish to submit my application for the post of Senior Registrar at St Margaret's Hospital. I enclose a copy of my curriculum vitae and the names of two referees.

Yours sincerely,

Eventually this series will be collected into a book and hence no reprints will be available from the authors.

#### *What is the treatment for persistently sweating feet?*

Medical treatment for localised hyperhidrosis with topical applications has been notoriously unsatisfactory until the relatively recent introduction of 20% aluminium chloride hexahydrate in absolute alcohol, recommended originally by Hurley and Shelley<sup>1</sup> in 1963 for axillary hyperhidrosis. Even for the latter condition this highly effective treatment has come into wider use only recently.<sup>2</sup> This application is also suitable for sweaty feet, but can cause temporary skin irritation. Twenty or 40% formaldehyde solution, applied two or three times a week, is also effective but often gives rise to irritation and dermatitis of the toe clefts (not to mention the applying fingers) unless special precautions are taken. Glutaraldehyde 10% in a buffered solution pH 7.5 applied on alternate evenings is moderately effective but stains the skin yellow, and may occasionally induce allergic hypersensitivity. Electrophoresis with tapwater helps some patients, as do various solutions of poldine salts applied directly or by electrophoresis. The most effective and only permanent treatment of excessive sweating of feet is bilateral lumbar sympathectomy. In really severe plantar hyperhidrosis it is the treatment of choice after 20% aluminium chloride hexahydrate has failed to give acceptable relief.

<sup>1</sup> Hurley, H J, and Shelley, W B, *Journal of the American Medical Association*, 1963, 196, 109.

<sup>2</sup> Scholes, K T, et al, *British Medical Journal*, 1978, 2 84.