

Cardiothoracic Surgeon interview questions

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What to expect

Interviews for cardiothoracic surgeon roles typically assess clinical judgement, technical skill, teamwork, and communication under pressure. You will meet with a panel that may include the head of department, a senior surgeon, and a human resources representative.

- **Technical/clinical:** Questions that probe your surgical knowledge, decision-making, and familiarity with procedures and equipment.
- **Behavioural:** Questions asking you to describe past experiences, often using STAR format, to assess teamwork, leadership, and conflict resolution.
- **Scenario:** Hypothetical situations that test your judgement under pressure, such as managing an intraoperative complication or an unwell patient on the ward.
- **Safety and quality:** Questions about clinical governance, morbidity and mortality meetings, and how you maintain patient safety.
- **Communication:** Questions about how you explain complex procedures to patients and families, and how you work with multidisciplinary teams.

The interview usually begins with introductions and an overview of the role. You may be asked to present a case or discuss a recent complex surgery. Then the panel moves through behavioural and scenario questions, often ending with an opportunity for you to ask questions. Some employers include a separate technical assessment or a tour of the facilities.

1. Walk us through your approach to a patient presenting with multivessel coronary artery disease who is a candidate for surgery.

Why they ask

This tests your clinical assessment and treatment planning, and your ability to articulate a surgical strategy.

How to structure your answer

Use a step-by-step clinical reasoning structure: history and investigation review, risk stratification, discussion at multidisciplinary team meeting, surgical options (CABG vs PCI), consent, and postoperative plan.

Example answer

"I would start by reviewing the patient's history, angiogram, and echocardiogram to assess the extent of disease and ventricular function. I would calculate a SYNTAX score and discuss the case at our multidisciplinary team meeting with cardiologists and radiologists. If surgery is appropriate, I would explain the risks and benefits of CABG versus PCI, including the use of the left internal mammary artery to the left anterior descending artery, and obtain informed consent. Postoperatively, I would manage them in intensive care with careful haemodynamic monitoring and early extubation where possible."

2. Tell me about a time you had to lead a team through a critical intraoperative complication.

Why they ask

Assesses your leadership, problem-solving, and ability to stay calm under pressure.

How to structure your answer

STAR: Situation, Task, Action, Result. Focus on your specific actions and the outcome.

Example answer

"During a routine valve replacement, the patient developed sudden hypotension and ventricular arrhythmia. I immediately called for help, directed the anaesthetist to adjust medications, and asked the perfusionist to prepare for emergency bypass. I kept the team informed and calm, and we successfully stabilised the patient. The patient recovered well and was discharged on day six. I debriefed the team afterwards to review what went well and what could be improved."

3. How do you ensure patient safety and quality improvement in your practice?

Why they ask

Evaluates your commitment to clinical governance and safety culture.

How to structure your answer

Use a structured approach: describe your routine practices, give an example of a safety initiative, and explain how you measure outcomes.

Example answer

"I participate in weekly morbidity and mortality meetings and always review complications openly. I use checklists and time-outs before every procedure. For example, I led a project to standardise antibiotic prophylaxis timing, which reduced surgical site infections across our unit. I also audit my own outcomes annually and compare them with national benchmarks through the RACS audit program."

4. A patient's family is very anxious and asks you to explain why surgery is necessary but also very risky. How do you handle this?

Why they ask

Tests your communication and empathy skills, especially under emotional pressure.

How to structure your answer

Use a patient-centred communication structure: acknowledge concerns, explain in plain language, discuss risks and benefits, and check understanding.

Example answer

"I would sit with the family in a private space, acknowledge their fear, and explain the condition and why surgery offers the best chance of recovery. I would use diagrams and avoid jargon, and I would be honest about the risks. I would then ask if they have questions and ensure they understand. I would also involve a nurse or social worker if needed for ongoing support."

5. Describe a situation where you disagreed with a colleague about a patient's management. How did you resolve it?

Why they ask

Assesses conflict resolution and professionalism.

How to structure your answer

STAR: Situation, Task, Action, Result, focusing on respectful communication and patient-centred outcome.

Example answer

"A cardiologist and I disagreed about the timing of surgery for a patient with recent MI. I scheduled a case conference where we reviewed the evidence and guidelines together. We agreed on a delayed approach with optimal medical therapy first. The patient did well and had surgery four weeks later. I learned the importance of listening and using evidence to guide discussions."

6. What is your experience with minimally invasive and robotic cardiac surgery?

Why they ask

Tests technical skills and adaptability to new technology, relevant to tools like da Vinci Surgical System.

How to structure your answer

Describe your training, specific procedures performed, and outcomes. Be honest about your level of experience.

Example answer

"I have completed a fellowship in minimally invasive cardiac surgery and have performed over 50 robotic-assisted mitral valve repairs using the da Vinci system. I also use endoscopic vein harvesting for CABG. I am comfortable with port placement and console time, and I have had excellent outcomes with shorter hospital stays and less pain for patients."