Ear, Nose and Throat Surgeon interview questions

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What to expect

Interviews for Ear, Nose and Throat Surgeon roles in Australia typically assess clinical judgement, technical proficiency, communication and teamwork. They may include panel interviews, clinical scenario discussions and behavioural questions.

- **Clinical reasoning:** Questions that explore your diagnostic approach and treatment planning for common and complex ENT conditions.
- **Technical/procedural:** Questions about your surgical experience and how you handle intraoperative challenges.
- **Emergency management:** Scenarios involving airway obstruction, epistaxis or foreign bodies, testing your ability to stay calm and act decisively.
- **Behavioural:** Questions about teamwork, communication, leadership and managing difficult situations.
- **Safety and quality:** Questions about infection control, patient safety and quality improvement.
- **Ethics and professionalism:** Questions about consent, capacity, and dealing with complications.

The interview process often involves a panel comprising the head of department, senior surgeons, and possibly a hospital administrator or HR representative. It may start with introductions and an overview of the role, followed by a mix of clinical and behavioural questions. Some employers use a separate clinical skills assessment or request a portfolio of procedures. Expect to discuss your training, fellowship experience, and how you handle pressure.

1. Walk us through your approach to a patient presenting with recurrent epistaxis that has not responded to first aid measures.

Why they ask

This assesses your clinical reasoning, knowledge of anatomy and stepwise management of a common ENT emergency.

How to structure your answer

Use a systematic walk-through: initial assessment (ABC), history, examination, first-line measures, escalation to nasal packing, cautery, and when to consider arterial ligation or embolisation. Mention the importance of identifying underlying causes.

Example answer

“I would start with a focused history and examination, ensuring the patient is haemodynamically stable. I would check for signs of shock and assess the airway. If first aid measures like pinching the nose and leaning forward have failed, I would use a topical vasoconstrictor and anaesthetic, then examine with a nasal speculum and suction. If a bleeding point is visible, I would cauterise it with silver nitrate. If not, I would pack the nose with a nasal tampon or ribbon gauze, and if that fails, consider posterior packing or referral for arterial ligation or embolisation. Throughout, I would monitor for complications and investigate for underlying causes such as hypertension or coagulopathy.”

2. Tell me about a time when you had to manage a difficult airway emergency. What did you do and what was the outcome?

Why they ask

This explores your emergency management skills, ability to stay calm under pressure, and teamwork.

How to structure your answer

Use STAR: Situation, Task, Action, Result. Focus on your specific actions, communication with the team, and the patient outcome.

Example answer

“During my registrar year, a patient with a large laryngeal tumour presented with stridor and rapidly worsening respiratory distress. I was the on-call ENT registrar. I immediately assessed the airway and recognised impending obstruction. I called for anaesthetic and senior ENT support while preparing for an emergency tracheostomy. I stayed with the patient, administered high-flow oxygen, and kept them calm. The anaesthetist attempted awake fibreoptic intubation but was unsuccessful due to tumour bulk. I then performed an emergency tracheostomy under local anaesthetic, securing the airway. The patient recovered well and later underwent definitive surgery. This taught me the importance of clear communication and having a backup plan.”

3. How do you approach informed consent for a procedure like cochlear implantation, particularly when outcomes can vary?

Why they ask

This tests your communication skills, ethical understanding, and ability to manage patient expectations.

How to structure your answer

Outline a structured approach: explain the procedure, benefits, risks, alternatives, and the variability of outcomes. Emphasise shared decision-making and documentation.

Example answer

“I start by understanding the patient's goals and expectations. I explain that cochlear implantation can improve hearing and speech perception, but outcomes vary depending on factors like duration of deafness and individual anatomy. I discuss the risks, including infection, facial nerve injury, and device failure. I also cover alternatives such as hearing aids or no intervention. I use diagrams and written information, and I encourage questions. I make sure the patient understands that rehabilitation is a long-term commitment. I document the discussion thoroughly and involve family members if appropriate.”

4. Describe a situation where you had to lead a multidisciplinary team in the postoperative care of a complex head and neck patient.

Why they ask

This assesses leadership, teamwork, and coordination skills.

How to structure your answer

Use STAR, highlighting your role in coordinating with different disciplines and the outcome.

Example answer

“I managed a patient who had undergone a total laryngectomy for cancer. Postoperatively, they required care from speech pathology, dietetics, nursing, and oncology. I led the daily ward rounds, ensuring each team's input was integrated. I coordinated a family meeting to discuss communication strategies and nutritional needs. I also worked with the speech pathologist to plan for voice rehabilitation. The patient was discharged with a clear care plan and had good functional outcomes at follow-up. This experience reinforced the value of clear communication and shared goals.”

5. How do you stay current with advances in ENT surgery, and how would you apply new evidence to your practice?

Why they ask

This explores your commitment to professional development and evidence-based practice.

How to structure your answer

Discuss your methods for keeping up to date (journals, conferences, courses) and give an example of a change you made based on new evidence.

Example answer

“I regularly read journals like the Australian Journal of Otolaryngology and attend the RACS annual scientific meeting. I also participate in morbidity and mortality meetings. For example, based on recent evidence about opioid-sparing analgesia, I revised our postoperative pain protocol for tonsillectomy patients, incorporating regular paracetamol and ibuprofen with reduced opioid use. This led to fewer side effects and shorter hospital stays. I would continue to critically appraise new evidence and discuss changes with colleagues before implementing them.”

6. What would you do if you noticed a colleague not adhering to infection control protocols in the operating theatre?

Why they ask

This assesses professionalism, safety awareness, and ability to handle sensitive situations.

How to structure your answer

Use a structured approach: address immediately if safe, then have a private conversation, escalate if needed, and focus on patient safety.

Example answer

“Patient safety is paramount. If I saw a colleague breach infection control, I would intervene immediately if it was safe to do so, for example by reminding them to perform hand hygiene. Afterwards, I would speak to them privately to understand why it happened and remind them of the protocols. If it was a recurring issue or they were unresponsive, I would escalate to the clinical lead or infection control team. I would document the incident if required. The goal is to maintain a safe environment without undermining the team.”