Infectious Diseases Physician interview questions

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What to expect

Infectious diseases physician interviews assess clinical reasoning, communication, and leadership in infection management. You may face a panel including the head of department, a senior consultant, and a human resources representative.

- **Clinical reasoning:** Questions that test your step-by-step approach to diagnosing and managing infections, often using a real or hypothetical case.
- **Case-based scenario:** A patient or outbreak scenario where you must make decisions under pressure and explain your rationale.
- **Behavioural:** Questions about how you have handled past situations, such as stewardship disagreements, teaching challenges, or team conflict.
- **Safety and quality:** Questions about infection control, notifiable diseases, and your understanding of hospital accreditation and public health obligations.
- **Teaching and supervision:** Questions on how you mentor registrars, run education, and support junior doctors in their development.

The interview often begins with an introduction and a run through your training and experience, followed by clinical scenarios and behavioural questions. You may be asked to discuss a complex case or an outbreak you managed. The panel will then give you time for your own questions. Some processes include a separate session with registrars or nursing staff.

1. Walk us through your approach to a patient with suspected sepsis on the ward.

Why they ask

They want to see that you can prioritise resuscitation, order the right tests, choose appropriate antibiotics, and escalate care safely.

How to structure your answer

Use a clinical reasoning walkthrough: start with immediate resuscitation, then diagnostic steps, then management and escalation. Explain your rationale at each stage.

Example answer

“When I am called to a patient with suspected sepsis, my first priority is the ABCDE assessment and immediate resuscitation. I ensure the patient has adequate airway, breathing, and circulation support, and I start broad-spectrum antibiotics within the first hour after taking blood cultures. I then review the likely source, order appropriate imaging and laboratory tests, and assess fluid resuscitation needs. I monitor lactate and urine output, and I escalate to intensive care if the patient remains hypotensive despite fluids. Throughout, I document my reasoning and communicate with the team and family.”

2. Tell me about a time you managed a difficult antimicrobial stewardship conversation with a prescriber who disagreed with your recommendation.

Why they ask

This tests your communication skills, your ability to influence without authority, and your commitment to safe antimicrobial use.

How to structure your answer

Use STAR: describe the situation, the task, the action you took, and the result. Focus on your communication and the outcome.

Example answer

“I once recommended stopping a broad-spectrum antibiotic for a patient who had been on it for ten days without clear evidence of infection. The treating team was reluctant to change course. I arranged a face-to-face discussion, presented the culture results and the risks of prolonged therapy, and suggested a narrower alternative. We agreed to switch, and the patient improved without complications. I followed up the next day to confirm the plan was working. That experience reinforced for me that stewardship is about collaboration, not confrontation.”

3. You are notified of a cluster of hospital-acquired infections on two wards. How do you proceed?

Why they ask

They need to know you can lead an outbreak response, coordinate with infection control and public health, and keep patients and staff safe.

How to structure your answer

Use a stepwise outbreak framework: confirm, define, hypothesise, control, communicate, review. Emphasise coordination with infection control and public health.

Example answer

“If I am notified of a cluster, I first confirm that the cases are linked by time, place, and organism. I define a case definition and review microbiology and clinical records. Then I meet with infection control to implement immediate measures like isolation, enhanced cleaning, and screening. I generate hypotheses about the source, whether it is a contaminated device, a staff carrier, or an environmental reservoir. I communicate regularly with the public health unit and hospital executive, and I document everything. After containment, I lead a debrief to review what worked and what could improve.”

4. How do you stay current with emerging infections and changes to treatment guidelines?

Why they ask

Infectious diseases evolves quickly. They want to see that you are self-directed, evidence-based, and able to translate new knowledge into practice.

How to structure your answer

Describe your sources and how you apply them. Mention specific journals, RACP continuing professional development, and local guidelines.

Example answer

“I stay current by reading major journals like Clinical Infectious Diseases and the Medical Journal of Australia, and I attend RACP continuing professional development events. I am part of a statewide infection control network that shares alerts about emerging organisms. I also review local antibiograms and guidelines. When new evidence emerges, I bring it to our stewardship committee and adjust our protocols. For example, when updated tuberculosis guidelines were released, I ran a teaching session for registrars and updated our ward management pathway.”

5. Describe your experience supervising and teaching junior doctors.

Why they ask

The role includes teaching and supervision. They want to know you can develop registrars and contribute to a positive learning culture.

How to structure your answer

Use a teaching and supervision structure: describe your approach, give an example of a junior you helped develop, and reflect on what you learned.

Example answer

“I supervise junior doctors on ward rounds and in the outpatient clinic. I set clear expectations at the start of each term, give them increasing responsibility for patient assessments, and provide feedback after each case. I encourage them to present their reasoning and I ask questions rather than just giving answers. Several registrars I have supervised have gone on to advanced training in infectious diseases. I also run a weekly tutorial on topics like antimicrobial pharmacology and infection control.”

6. What would you do if you suspected a notifiable disease that required urgent public health action?

Why they ask

This checks your knowledge of public health legislation, your ability to act quickly, and your understanding of your duty as a physician.

How to structure your answer

Outline a regulatory and safety process: confirm, notify, isolate, document, follow up. Highlight your understanding of public health legislation.

Example answer

“If I suspect a notifiable disease, I first confirm the diagnosis through appropriate testing. I then notify the local public health unit immediately by phone, as required by legislation. I isolate the patient if necessary and ensure staff use appropriate personal protective equipment. I document the notification in the medical record and follow up with the public health team on any contact tracing. I also communicate with the patient and their family about what is happening and why it matters for the community.”