Neurosurgeon interview questions

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What to expect

Interviews for neurosurgeon roles in Australia typically assess clinical expertise, technical skill, patient communication, teamwork and safety. You will likely face a panel including senior surgeons, a hospital administrator and possibly a human resources representative.

- **Clinical/technical:** Questions that probe your surgical knowledge, diagnostic reasoning and familiarity with tools such as surgical navigation and intraoperative MRI.
- **Behavioural:** Questions asking for examples from your past experience, such as supervising junior staff or handling complications.
- **Scenario:** Hypothetical situations that test your judgement under pressure, often involving unexpected intraoperative events or complex patient cases.
- **Safety:** Questions about infection control, patient safety protocols and risk management in the operating theatre.
- **Patient communication:** Questions on how you discuss diagnoses, surgical options and poor prognoses with patients and families.

The interview usually starts with introductions and an overview of the role. You may then be asked to discuss your training, experience and clinical approach. Technical and scenario questions often follow, sometimes with a case discussion. The panel will typically leave time for your questions at the end. Some hospitals include a separate practical assessment or a tour of the facilities.

1. Walk us through your approach to a patient presenting with a suspected brain tumour.

Why they ask

To assess your diagnostic reasoning, use of imaging and multidisciplinary collaboration.

How to structure your answer

Process walk-through: start with history and examination, then imaging, then discussion at multidisciplinary team meeting, then surgical planning.

Example answer

“I begin with a detailed history and neurological examination, focusing on symptoms like headaches, seizures or focal deficits. I order appropriate imaging, usually MRI with contrast, and sometimes CT if MRI is not immediately available. Once I have the imaging, I review it with a neuroradiologist to characterise the lesion. I then present the case at our multidisciplinary team meeting, where we discuss the merits of surgical resection, biopsy or observation. If surgery is indicated, I plan the approach using surgical navigation and consider intraoperative MRI for maximal safe resection. I also ensure the patient and family are fully informed about the plan, risks and expected recovery.”

2. Tell me about a time you had to communicate a poor prognosis to a patient and their family.

Why they ask

To evaluate your empathy, communication skills and ability to handle difficult conversations.

How to structure your answer

STAR: describe the Situation, Task, Action and Result.

Example answer

“A patient in their fifties was diagnosed with a glioblastoma that was not amenable to curative surgery. I met with the patient and their family in a private room, with a nurse present. I explained the diagnosis in clear, plain language, avoiding jargon. I acknowledged their shock and gave them time to ask questions. We discussed palliative options and I involved the palliative care team early. I followed up with a written summary and offered a further meeting. The family later thanked me for the honesty and support, and the patient was able to make informed choices about their remaining care.”

3. You are in the middle of a complex spinal surgery and encounter unexpected excessive bleeding. How do you manage this?

Why they ask

To test your judgement under pressure, technical skill and ability to lead a team in a crisis.

How to structure your answer

Judgement under pressure: stay calm, assess the situation, communicate clearly, take action, and review afterwards.

Example answer

“My first priority is to stay calm and assess the source of bleeding. I would communicate clearly with the anaesthetist and nursing team, asking for blood products to be ready and for the patient's vital signs to be closely monitored. I would apply direct pressure or use bipolar cautery if appropriate, and consider packing the area while I identify the bleeding vessel. I would also call for additional surgical assistance if needed. Once the bleeding is controlled, I would complete the procedure and then review the event with the team to identify any lessons for future cases.”

4. How do you stay current with advances in neurosurgical techniques and technology?

Why they ask

To see if you are committed to ongoing learning and evidence-based practice.

How to structure your answer

Evidence-based practice: mention specific activities like conferences, journals, courses and peer review.

Example answer

“I regularly read journals such as the Journal of Neurosurgery and Neurosurgery, and I attend the annual scientific meeting of the Neurosurgical Society of Australasia. I also participate in our hospital's morbidity and mortality meetings and peer review sessions. When new technology is introduced, such as a new surgical navigation system or robotic platform, I complete the training and practise in a simulated environment before using it on patients. I also mentor registrars, which keeps me up to date as I explain techniques and rationale.”

5. Describe a situation where you had to supervise a junior doctor who was struggling with a procedure. What did you do?

Why they ask

To assess your mentoring and leadership skills, and your ability to maintain patient safety while supporting a colleague.

How to structure your answer

Behavioural: use STAR, focusing on the actions you took to support the junior doctor and the outcome.

Example answer

“A registrar was struggling with a lumbar puncture and had made two unsuccessful attempts. I could see the patient was becoming uncomfortable. I stepped in and took over to complete the procedure safely. Afterwards, I took the registrar aside and we discussed the technique, the importance of patient positioning and when to ask for help. I arranged for them to practise on a simulator and

supervised their next few attempts. They successfully completed the procedure the following week and thanked me for the support."

6. What is your approach to infection control in the operating theatre?

Why they ask

To confirm your commitment to patient safety and adherence to protocols.

How to structure your answer

Safety protocol: outline standard precautions, sterile technique, and your role in enforcing them.

Example answer

"I follow strict sterile technique at all times. This includes proper hand hygiene, wearing appropriate personal protective equipment, and ensuring the surgical field is prepared correctly. I also check that all instruments are sterile and that the team follows the surgical safety checklist. I lead by example and speak up if I see any breach of protocol. After surgery, I ensure that used instruments are handled correctly and that the theatre is cleaned according to hospital policy. I believe infection control is everyone's responsibility, and I reinforce this with my team."