Rehabilitation Medicine Physician interview questions

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What to expect

Interviews for Rehabilitation Medicine Physician roles typically assess your clinical reasoning, teamwork, leadership and communication with patients and families. You can expect a mix of clinical scenarios, behavioural questions and discussion of your approach to supervision and service improvement.

- **Clinical/technical:** Questions that probe your knowledge of rehabilitation assessment, spasticity management, and goal setting.
- **Behavioural:** Questions about your past experience leading teams, managing complex cases, and working with families.
- **Scenario/case-based:** Hypothetical patient cases to assess your clinical judgement and prioritisation.
- **Process/approach:** Questions on how you structure rehabilitation programs, coordinate with allied health, and document care.
- **Leadership/supervision:** Questions about supervising registrars, managing conflict, and contributing to service development.
- **Patient communication:** Questions on how you discuss goals, prognosis and discharge planning with patients and carers.

The interview usually starts with introductions and a discussion of your training and experience. Then the panel will present clinical scenarios and behavioural questions, often with time for you to ask questions. Some employers include a separate panel with allied health leaders or a hospital tour.

1. How do you approach the assessment and management of a patient with post-stroke spasticity?

Why they ask

This assesses your clinical knowledge and treatment planning for a common rehabilitation issue.

How to structure your answer

Start with history and functional impact, then examination, then management options from least to most invasive, and finish with goal setting and follow-up.

Example answer

“I begin by taking a focused history to understand how the spasticity affects the patient's function, comfort and care. Then I examine tone, range of motion and identify any triggering factors like pain or infection. I consider non-pharmacological options such as positioning and stretching, then move to medication like baclofen or tizanidine. If focal spasticity is limiting function, I offer botulinum toxin injections, often using ultrasound guidance. I always set goals with the patient and their therapists, and review progress in a few weeks, adjusting the plan as needed.”

2. Tell me about a time you had to manage a conflict within your multidisciplinary team.

Why they ask

This explores your teamwork and leadership skills in a rehabilitation setting.

How to structure your answer

Use the STAR method: describe the situation, the task, the action you took, and the result.

Example answer

“In my previous role, a physiotherapist and an occupational therapist disagreed on discharge timing for a patient with a brain injury. I arranged a joint meeting where each explained their concerns. We reviewed the patient's goals and agreed on a trial of home visits before final discharge. This resolved the conflict and improved communication among the team.”

3. A patient with a spinal cord injury is refusing to participate in rehabilitation. How do you handle this?

Why they ask

This tests your patient communication, motivational interviewing and ethical reasoning.

How to structure your answer

Acknowledge the patient's perspective, explore barriers, involve the team, and consider ethical and legal frameworks.

Example answer

“I would first talk with the patient privately to understand why they are refusing. It might be depression, pain, or fear. I would involve the psychologist and social worker, and discuss the risks of not rehabilitating. If the patient still refuses, I would document capacity and involve the ethics committee if needed, while continuing to offer support.”

4. Walk me through how you coordinate a multidisciplinary rehabilitation program for a patient after a stroke.

Why they ask

This checks your ability to lead care planning and coordinate with allied health.

How to structure your answer

Describe steps in order: assessment, goal setting, team meeting, intervention, review, discharge planning.

Example answer

“I start with a comprehensive assessment, then convene a team meeting including physiotherapy, occupational therapy, speech pathology and nursing. We set realistic goals with the patient and family. Each discipline implements their plan, and we review progress weekly. I document in the electronic medical record and adjust goals as needed. Near discharge, we plan community follow-up and equipment needs.”

5. How do you supervise and mentor registrars in rehabilitation medicine?

Why they ask

This assesses your leadership and commitment to teaching and supervision.

How to structure your answer

Explain your approach: setting expectations, regular feedback, teaching, and role modelling.

Example answer

“I meet with each registrar at the start of their rotation to set learning goals. I involve them in patient assessments and encourage them to lead family meetings with my support. I provide feedback after each clinic or ward round, and I make time for teaching on spasticity management and goal setting. I also ensure they document appropriately and meet training requirements.”

6. How do you discuss prognosis and goals with a patient who has a severe disability and their family?

Why they ask

This evaluates your communication skills and patient-centred approach.

How to structure your answer

Prepare, use plain language, involve family, check understanding, and plan follow-up.

Example answer

“I find a quiet room and ensure the family is present if the patient agrees. I explain the condition in simple terms, focusing on what we can do to improve function. I ask about their priorities and set goals together, such as being able to transfer or feed themselves. I check they understand and offer written information. I schedule a follow-up to review progress and adjust goals.”