Resident Medical Officer interview questions

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What to expect

Resident Medical Officer interviews focus on your clinical reasoning, safe practice, and ability to work within a supervised hospital team. Panels want to see that you can assess patients, escalate appropriately, and communicate clearly under pressure.

- **Clinical reasoning:** Questions that ask you to explain your approach to common ward scenarios, such as assessing a new admission or managing a deteriorating patient.
- **Behavioural and teamwork:** Questions that ask for examples of how you have worked with others, managed competing priorities, or contributed to a multidisciplinary team.
- **Scenario-based:** Hypothetical clinical situations that test your judgement, knowledge of protocols, and ability to stay calm and structured.
- **Process and documentation:** Questions about how you document care, hand over, and use systems like EMR, Cerner, or Epic safely.
- **Safety and escalation:** Questions that probe your understanding of medication safety, infection control, and when to call for senior help.
- **Motivation and career fit:** Questions about why you want the role, your interest in the hospital's rotations, and your long-term goals.

Interviews are usually held with a panel that includes a medical workforce representative and a senior clinician. The session often starts with introductions and a short overview of the role, then moves through clinical reasoning or scenario questions, followed by behavioural and motivation questions. Some hospitals use a multi-station format with separate clinical and communication stations. You may be asked to discuss a case or walk through a recent clinical experience. The panel will also leave time for your questions about rotations, supervision, and education.

1. Can you walk me through how you assess and manage a newly admitted patient on the ward?

Why they ask

This is a core process question that checks your clinical reasoning and familiarity with safe ward practice.

How to structure your answer

Walk through your approach step by step: introduce yourself, take a focused history, perform an examination, review investigations, start immediate management, document, and escalate to the registrar.

> **Example answer**
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> *“I start by introducing myself to the patient and confirming their details. I take a focused history, including presenting complaint, past medical history, medications, and allergies. Then I do a relevant examination, checking vital signs and systems. I review any available investigations, like bloods or imaging on PACS. I formulate a plan for immediate management, such as fluids or analgesia, and discuss it with the registrar. I write a clear clinical note and update the medication chart. Finally, I hand over to the nursing team and ensure follow-up tasks are booked.”*

2. Tell me about a time you had to manage competing clinical priorities on a busy shift.

Why they ask

This behavioural question probes your time management, problem solving, and ability to stay calm under pressure.

How to structure your answer
Use STAR: Situation, Task, Action, Result. Focus on how you triaged and communicated.

Example answer

“During a night shift on a general medical ward, I was called to review a patient with increasing breathlessness while also needing to complete discharge summaries for the morning. I assessed the breathless patient first, started oxygen and ordered a chest X-ray, then escalated to the registrar. Once the patient was stable, I documented the review and returned to the discharge summaries, prioritising the ones for patients leaving early. I handed over outstanding tasks to the day team. The patient was treated promptly, and all discharges went out on time.”

3. You are called to review a patient with chest pain on the ward. What do you do?

Why they ask
This scenario question tests your clinical judgement and ability to follow protocols under pressure.

How to structure your answer
Use a structured clinical approach: ABCDE, focused history, immediate investigations, escalation, and documentation.

Example answer

“I would attend immediately and assess the patient using ABCDE. I would check vital signs, attach cardiac monitoring, and obtain an ECG within ten minutes. I would take a focused history of the pain, including onset, character, and associated symptoms. I would review the medication chart for any recent changes. I would escalate to the registrar and consultant early, and follow the hospital chest pain protocol, which may include bloods and analgesia. I would document my assessment and keep the patient informed. If the patient deteriorates, I would call a rapid response.”

4. How do you ensure safe prescribing and medication reconciliation?

Why they ask
This checks your attention to detail, knowledge of EMR safeguards, and commitment to medication safety.

How to structure your answer
Describe your process: check allergies, review current medications, use EMR alerts, involve pharmacy, document changes.

Example answer

“I start by checking the patient's allergy status and current medication list in the EMR. I review each medication for indication, dose, and interactions, and I look for alerts. If I am uncertain, I check with the registrar or pharmacist. For reconciliation, I compare the chart with the patient's own medications or discharge summary from a previous admission. I document any changes clearly and communicate them at handover. I also encourage patients to ask questions about their medications.”

5. Give an example of how you contributed to a multidisciplinary team handover.

Why they ask
This behavioural question assesses your communication and teamwork in a hospital setting.

How to structure your answer
Use STAR, highlighting your specific role and the outcome for patient care.

Example answer

“On a surgical ward, I noticed that handovers between nursing and medical teams sometimes missed key tasks like pending blood results. I suggested using a structured ISBAR format for the afternoon handover. I trialled it for a week, and the team found it clearer. I then shared it with the nurse unit manager, who adopted it for the ward. As a result, fewer tasks were missed, and patients had their results followed up sooner. I learned that small communication changes can make a real difference.”

6. Why do you want to work as a Resident Medical Officer at this hospital?

Why they ask

This motivation question checks whether you understand the role and have a genuine interest in the hospital's training environment.

How to structure your answer

Connect your career goals, the hospital's rotations, and your commitment to patient care.

Example answer

“I want to work at [Company Name] because I have heard positive things about the supportive senior staff and the variety of rotations available. I am keen to build my skills in general medicine and emergency terms, and I value a hospital that prioritises junior doctor education. I am also attracted to the chance to work in a team that focuses on safe handover and patient centred care. I believe this role will help me grow into a capable and compassionate doctor.”