Cardiologist interview questions

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What to expect

Cardiologist interviews in Australia typically assess clinical reasoning, technical skills, communication and teamwork. The process may include a panel interview with senior clinicians and administrators, and sometimes a separate procedural or case-based assessment.

- **Clinical knowledge and reasoning:** Questions that test your ability to diagnose and manage cardiac conditions, often using case vignettes.
- **Technical skills and procedures:** Questions about your experience with procedures such as angioplasty, echocardiography and stress testing.
- **Behavioural and teamwork:** Questions that explore how you work with multidisciplinary teams and handle conflict or challenging situations.
- **Scenario-based clinical judgement:** Questions that put you in a realistic clinical scenario and ask you to make decisions under pressure.
- **Communication and patient-centred care:** Questions about how you explain diagnoses, discuss treatment options and support patients and families.
- **Safety and quality improvement:** Questions about your approach to patient safety, clinical audits and quality improvement.

Interviews for cardiology roles often begin with a phone screen, followed by a panel interview. The panel may include a cardiology director, a senior nurse and a human resources representative. You may be asked to discuss a clinical case, interpret an ECG or echocardiogram, and answer behavioural questions. Some roles include a separate practical assessment in the catheterisation lab or a simulation. The interview usually lasts 45 to 60 minutes.

1. Walk me through your approach to assessing a patient with chest pain in the emergency department.

Why they ask

This tests your clinical reasoning and ability to prioritise life-threatening causes.

How to structure your answer

A systematic walk-through: initial assessment, history, risk factors, physical examination, ECG, troponin, risk stratification, differential diagnosis, initial management and disposition.

Example answer

“When I see a patient with chest pain, I first assess airway, breathing and circulation and put them on continuous cardiac monitoring. I take a focused history including onset, character, radiation, associated symptoms and cardiac risk factors. I perform a physical examination looking for signs of heart failure, murmurs or unequal pulses. I obtain a 12-lead ECG within 10 minutes and send troponin. I consider differentials such as acute coronary syndrome, aortic dissection, pulmonary embolism and pericarditis. If the ECG shows ST elevation, I activate the cath lab immediately. For non-ST elevation, I risk stratify using tools like the HEART score and admit for further workup. I also start aspirin and consider nitrates for symptom relief, while monitoring blood pressure. I communicate with the emergency team and document my findings clearly.”

2. Tell me about a time you managed a patient with a complex arrhythmia who was not responding to initial treatment.

Why they ask

This explores your behavioural approach to a challenging clinical situation, including teamwork and problem solving.

How to structure your answer
STAR: Situation, Task, Action, Result.

Example answer

“Situation: A 68-year-old patient presented with atrial fibrillation and a rapid ventricular rate that did not respond to intravenous beta-blockers. Task: I needed to stabilise the patient and decide on the next step. Action: I reassessed the patient, confirmed no signs of pre-excitation on ECG, and considered other options. I discussed with my consultant and we decided to try intravenous calcium channel blockers, while preparing for possible electrical cardioversion. I communicated with the patient and their family about the plan. I also involved the intensive care team in case of deterioration. Result: The patient's heart rate gradually settled with the new medication, avoiding the need for cardioversion. I documented the event and followed up with the patient in clinic to optimise long-term rate control.”

3. You are in the catheterisation lab and the patient develops a sudden complication during angioplasty. What do you do?

Why they ask
This assesses your judgement under pressure, your knowledge of emergency protocols and your ability to lead a team.

How to structure your answer
A step-by-step emergency response: recognise the problem, call for help, stabilise the patient, follow protocols, communicate with the team, and document.

Example answer

“If a patient develops a complication like a coronary dissection or perforation during angioplasty, I first stay calm and assess the situation. I confirm the diagnosis with angiography and immediately call for help from the senior interventionalist and the cardiac surgeon if needed. I ensure the patient is haemodynamically stable, and if not, I start resuscitation measures including fluids, vasopressors and possibly intubation. I follow the lab's emergency protocols, which may include deploying a covered stent for perforation or reversing anticoagulation. I communicate clearly with the team, assigning roles and updating the patient's family. After stabilising the patient, I document the event thoroughly and participate in a debrief to review the case.”

4. How do you approach discussing a new diagnosis of heart failure with a patient and their family?

Why they ask
This tests your communication skills and patient-centred approach.

How to structure your answer
A patient-centred communication structure: prepare, assess understanding, explain in plain language, involve family, discuss management, address concerns, provide resources, and plan follow-up.

Example answer

“I start by ensuring I have a private space and enough time for the conversation. I ask the patient what they already know and what they are worried about. I explain the diagnosis in plain language, avoiding jargon, and use diagrams if helpful. I involve family members if the patient agrees, as they often provide support. I discuss the management plan, including medications, lifestyle changes and follow-up appointments. I address any concerns and reassure them that heart failure can be managed. I provide written information and contact details for heart failure nurses. I also schedule a follow-up visit to review their understanding and answer further questions.”

5. Describe your experience with echocardiography and stress testing. How do you ensure quality and accuracy?

Why they ask

This assesses your technical skills and commitment to quality assurance.

How to structure your answer

A technical description: training, experience, protocols, quality assurance measures, correlation with clinical findings, and continuing education.

Example answer

“I have performed and interpreted hundreds of echocardiograms and stress tests during my training and career. I follow standard protocols for image acquisition, including parasternal, apical and subcostal views. I ensure quality by regular calibration of equipment, adherence to guidelines from the Cardiac Society of Australia and New Zealand, and correlation with clinical findings. I participate in regular quality assurance meetings where we review studies and compare with other imaging modalities. I also attend continuing medical education courses to stay updated on new techniques. I believe accuracy comes from a combination of technical skill, attention to detail and clinical context.”

6. How do you stay current with advances in cardiology and ensure your practice meets Australian standards?

Why they ask

This explores your commitment to professional development and regulatory compliance.

How to structure your answer

A professional development structure: CPD requirements, conferences, journal clubs, peer review, audit, and regulatory compliance.

Example answer

“I maintain my registration with AHPRA and meet the continuing professional development requirements set by the Royal Australasian College of Physicians. I attend the annual scientific meetings of the Cardiac Society of Australia and New Zealand, where I learn about the latest research and guidelines. I participate in a monthly journal club with my colleagues, where we critically appraise new studies. I also take part in clinical audits to review my outcomes and identify areas for improvement. I am committed to providing care that aligns with Australian standards and evidence-based practice.”