Clinical Geneticist interview questions

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What to expect

Clinical geneticist interviews typically assess clinical reasoning, communication skills, and ability to work in multidisciplinary teams. Expect a panel interview with consultants and a genetic counsellor, and possibly a case-based discussion.

- **Clinical reasoning and case discussion:** Questions that ask you to work through a referral or diagnostic puzzle, showing your systematic approach.
- **Behavioural and communication:** Questions about past experiences with families, difficult conversations, and teamwork.
- **Ethical and scenario-based:** Situations involving uncertain results, consent, or conflicting priorities that test your judgement.
- **Technical and genomic knowledge:** Questions on variant interpretation, test selection, and use of databases and classification guidelines.
- **Supervision and teaching:** Questions about how you train registrars, give feedback, and balance education with service demands.
- **Multidisciplinary coordination:** Questions about working with other specialties and allied health to manage complex cases.

The interview usually begins with introductions and an overview of the role, followed by a series of questions. Some services include a separate case presentation or a written exercise. You may be asked to discuss a real or hypothetical case, and there is often time for your questions at the end.

1. Walk us through your approach to assessing a child referred for developmental delay and dysmorphic features.

Why they ask

Tests your clinical reasoning and ability to structure a complex assessment.

How to structure your answer

Use a logical walk-through: history, examination, differential diagnosis, investigation strategy, and family counselling.

Example answer

“I start by taking a detailed history, including pregnancy, birth, and developmental milestones. I examine for dysmorphic features and any neurological abnormalities. I consider a broad differential, from chromosomal abnormalities to single gene disorders. I then order appropriate genomic tests, such as chromosomal microarray or exome sequencing, and interpret results in context. Finally, I discuss findings with the family, explaining the diagnosis and recurrence risk, and coordinate with paediatricians and allied health.”

2. Tell me about a time you had to deliver a difficult genetic diagnosis to a family.

Why they ask

Assesses empathy, communication skills, and ability to manage emotionally charged conversations.

How to structure your answer

Use STAR: Situation, Task, Action, Result.

Example answer

“Situation: I saw a family whose child had a likely pathogenic variant in a gene associated with a progressive condition. Task: I needed to explain the diagnosis and its implications. Action: I arranged a meeting with both parents and a genetic counsellor, used plain language, checked understanding, and allowed time for questions. I also provided written information and follow-up. Result: The family felt supported and was able to make informed decisions about management and future planning.”

3. How would you handle a variant of uncertain significance in a patient eager for immediate clinical action?

Why they ask

Tests judgement under uncertainty and ability to manage patient expectations ethically.

How to structure your answer

Acknowledge the uncertainty, explain the limitations, outline a plan for re-evaluation, and manage expectations.

Example answer

“I would explain that a variant of uncertain significance means the evidence is currently insufficient to classify it as disease-causing. I would discuss the implications for the patient and family, and recommend that we do not make irreversible decisions based on it. I would arrange for periodic review as databases update, and suggest referral to a genetic counsellor for support. If the patient remains anxious, I would explore their concerns and involve a multidisciplinary team.”

4. Describe your experience with variant classification using ACMG guidelines and tools like ClinVar and HGMD.

Why they ask

Assesses technical proficiency and familiarity with standard genomic databases.

How to structure your answer

Demonstrate depth: explain the criteria, how you apply them, and your use of databases.

Example answer

“I routinely classify variants using the ACMG/AMP guidelines, integrating population frequency, computational predictions, functional data, and segregation. I use ClinVar and HGMD Professional to check previous interpretations, and GeneMatcher to connect with other clinicians for rare variants. I document my reasoning clearly and discuss uncertain cases in multidisciplinary meetings to ensure consistency.”

5. How do you approach supervision and teaching of registrars in a busy clinic?

Why they ask

Assesses leadership, teaching ability, and how you balance education with service delivery.

How to structure your answer

Outline your teaching philosophy, practical methods, and how you manage time constraints.

Example answer

“I believe in graded responsibility. I start by observing registrars and then gradually let them lead consultations while I provide feedback. I use case-based teaching, encourage them to present at meetings, and allocate time for variant interpretation discussions. I also ensure they understand the importance of counselling skills, not just the science.”

6. Can you discuss a time you coordinated care across multiple specialties for a complex genetic case?

Why they ask

Tests multidisciplinary teamwork and ability to act as a central point of contact.

How to structure your answer

Use a descriptive approach: situation, actions, outcome.

Example answer

“I cared for a patient with a connective tissue disorder that required input from cardiology, orthopaedics, and ophthalmology. I organised a multidisciplinary meeting to align management plans, ensured everyone had the latest genetic results, and acted as the central point of contact for the family. This reduced duplication and improved the family's experience of care.”