Dermatologist interview questions

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What to expect

Interviews for dermatologist roles typically assess clinical reasoning, procedural skills, patient communication and your ability to work within a multidisciplinary team. You can expect a mix of technical, behavioural and scenario-based questions, often with a panel including a senior dermatologist and a practice manager.

- **Clinical reasoning:** Questions that test your diagnostic approach and treatment planning for skin conditions.
- **Procedural:** Questions about your experience with biopsies, excisions, cryotherapy and other dermatological procedures.
- **Behavioural:** Questions that ask you to describe past experiences, usually using the STAR method.
- **Scenario:** Hypothetical patient cases that assess your judgement under pressure and your ability to manage complex presentations.
- **Patient communication:** Questions about how you explain diagnoses, treatments and prevention strategies to patients.
- **Teamwork:** Questions about collaborating with pathologists, nurses, GPs and other specialists.

The interview usually starts with introductions and an overview of the role. Then you will move through a series of clinical and behavioural questions, sometimes with a practical component such as reviewing dermoscopy images. You may be asked to walk through a case from presentation to diagnosis and management. The interview typically ends with an opportunity for you to ask questions.

1. Walk me through your approach to assessing a new patient with a suspicious skin lesion.

Why they ask

This tests your clinical reasoning and your systematic approach to diagnosis, which is central to dermatology.

How to structure your answer

Use a step-by-step walk-through: history, risk factors, visual inspection, dermoscopy, differential diagnosis, and decision on biopsy or excision.

Example answer

“I start by taking a focused history, including sun exposure, family history of melanoma, and any changes in the lesion. Then I examine the lesion carefully, noting asymmetry, border irregularity, colour variation, diameter and evolution. I use dermoscopy to look for specific patterns, such as atypical networks or blue-white veil. Based on these findings, I form a differential diagnosis, which might include melanoma, basal cell carcinoma or seborrhoeic keratosis. If there is any doubt, I discuss the option of a biopsy with the patient, explaining the procedure and the reasoning. I also document the lesion with imaging if available and arrange follow-up.”

2. Tell me about a time you had to deliver difficult news to a patient regarding a skin cancer diagnosis.

Why they ask

This assesses your communication skills and empathy, which are critical when conveying potentially life-changing information.

How to structure your answer

Use the STAR method: describe the situation, the task (delivering the news), the action you took (how you communicated), and the result (patient's understanding and next steps).

Example answer

"In my previous clinic, I had a patient who came in for a routine skin check. I noticed a suspicious lesion on his back and performed a biopsy. The pathology came back as a melanoma. When he returned for the results, I sat down with him in a private room and started by asking what he understood about the biopsy. I then explained the diagnosis clearly and honestly, using plain language, and paused to let him absorb the news. I outlined the next steps, including referral to a surgeon and the importance of early treatment. I also offered him written information and a follow-up appointment. He later thanked me for being direct but compassionate."

3. A patient presents with severe eczema that has not responded to topical treatments. How would you manage this?

Why they ask

This tests your clinical judgement and knowledge of systemic and biologic therapies for chronic skin disease.

How to structure your answer

Use a judgement-under-pressure structure: assess severity, review current treatment, consider differentials, then step up therapy systematically.

Example answer

"First, I would take a detailed history to confirm adherence to topical treatments and identify any triggers or irritants. I would assess the extent and severity of the eczema, and check for secondary infection. If topical corticosteroids and emollients have been used correctly without improvement, I would consider systemic options such as oral corticosteroids or phototherapy. If those are unsuitable, I would discuss biologic therapies, explaining the risks and benefits. I would also involve a dermatology nurse to support the patient with education and follow-up. Throughout, I would ensure the patient understands the plan and feels involved in decisions."

4. What factors do you consider when deciding between a biopsy and an excision for a suspicious lesion?

Why they ask

This tests your technical knowledge and surgical decision-making, which are core skills for a dermatologist.

How to structure your answer

Use a technical explanation: outline the clinical factors, lesion characteristics, patient preferences and practical considerations.

Example answer

"The main factors are the size, location and suspected diagnosis of the lesion. If I suspect a melanoma, I would usually perform an excision with a narrow margin to allow accurate staging, rather than a biopsy. For lesions where the diagnosis is uncertain but not clearly malignant, a biopsy may be appropriate to confirm the diagnosis before a larger excision. I also consider the patient's age, general health, and cosmetic concerns. For example, a lesion on the face might be better managed with a shave biopsy if it is likely benign, but if there is any suspicion of malignancy, I would discuss the options with the patient and possibly refer to a plastic surgeon for complex excisions."

5. How do you explain the importance of sun protection to a patient who is resistant to changing their habits?

Why they ask

This assesses your patient education and motivational skills, which are essential for preventive dermatology.

How to structure your answer

Use a client-facing structure: understand the patient's perspective, connect sun protection to their personal goals, and offer practical, incremental steps.

Example answer

“I start by asking the patient what they already know about sun protection and why they might be resistant. Maybe they find sunscreen uncomfortable or think they don't need it because they don't burn easily. I then explain the risks in a way that relates to their own concerns, such as preventing premature ageing or reducing the chance of skin cancer. Rather than demanding a complete overhaul of their habits, I suggest small changes, like wearing a hat when gardening or using a moisturiser with SPF. I provide written resources and offer to check in at their next visit. I find that a non-judgemental approach works best.”

6. Describe your experience working within a multidisciplinary team to manage complex dermatology cases.

Why they ask

This tests your teamwork and communication skills, as dermatologists often work with pathologists, immunologists, surgeons and nurses.

How to structure your answer

Use a behavioural structure: describe the team, your role, the challenge, and the outcome.

Example answer

“In my current role, I regularly participate in a multidisciplinary meeting for complex skin cancer cases. We have dermatologists, pathologists, radiation oncologists and plastic surgeons. I present the clinical history and dermoscopy images, and we discuss the best treatment approach. In one case, a patient with a lentigo maligna on the face needed a coordinated plan involving biopsy, imaging and surgery. I coordinated the referrals and ensured the patient understood each step. The outcome was a successful excision with clear margins and a good cosmetic result. I also follow up with the patient to monitor for recurrence.”