Endocrinologist interview questions

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What to expect

Endocrinology interviews assess your clinical knowledge, communication skills and ability to manage complex chronic conditions. You will likely face a mix of clinical scenario questions, behavioural questions and questions about your approach to multidisciplinary care.

- **Clinical knowledge:** Questions that test your understanding of endocrine physiology, pathology and evidence-based management.
- **Clinical scenario:** A case-based question where you work through diagnosis, investigation and treatment for a common endocrine presentation.
- **Behavioural:** Questions that ask you to describe past experiences, often focusing on communication, teamwork or managing difficult situations.
- **Multidisciplinary teamwork:** Questions about how you collaborate with diabetes educators, dietitians, nurses and other specialists.
- **Supervision and teaching:** Questions about your experience supervising registrars, providing feedback and supporting education.
- **Process and prioritisation:** Questions about how you manage competing demands such as outpatient clinics, inpatient consults and administrative tasks.

Interviews often start with a short introduction and overview of the role, then move to clinical scenario questions where you work through a case. You may be asked to discuss your approach to a common endocrine condition, followed by behavioural questions about your experience. Panel interviews may include a medical director, a senior endocrinologist and a human resources representative. Some interviews include a separate session with registrars or multidisciplinary team members.

1. A 45-year-old patient is referred to your clinic with newly diagnosed type 2 diabetes and an elevated HbA1c. How would you approach their management?

Why they ask

This question assesses your clinical reasoning, knowledge of diabetes management guidelines and ability to structure a comprehensive care plan.

How to structure your answer

Walk through your approach step by step: start with a focused history and examination, then outline investigations, management plan, patient education and follow-up. Emphasise shared decision-making and lifestyle modification alongside pharmacotherapy.

Example answer

“I would begin by taking a detailed history to assess symptoms, cardiovascular risk factors, diet, exercise and any psychosocial barriers to care. On examination, I would check blood pressure, weight, foot health and look for signs of complications. I would order baseline investigations including renal function, lipid profile, liver function and a urine albumin-to-creatinine ratio. For management, I would start metformin unless contraindicated, and discuss lifestyle changes such as a structured meal plan and 150 minutes of moderate exercise per week. Given the HbA1c is above target, I would consider adding a second agent, perhaps an SGLT2 inhibitor if there is cardiovascular or renal disease. I would refer the patient to a diabetes educator and dietitian, and schedule a follow-up in four to six weeks to review glycaemic control and tolerability. I would also ensure they are up to date with vaccinations and eye screening.”

2. Tell me about a time you had to manage a patient with complex diabetes who was not adhering to their treatment plan.

Why they ask

This behavioural question explores your communication skills, empathy and ability to problem-solve when patients face barriers to self-management.

How to structure your answer

Use the STAR method: describe the Situation, the Task you needed to achieve, the Action you took, and the Result. Focus on your interpersonal approach and the outcome for the patient.

Example answer

“Situation: I cared for a patient with type 1 diabetes who had recurrent admissions for diabetic ketoacidosis. She was struggling with the demands of insulin therapy and felt overwhelmed. Task: I needed to help her stabilise her diabetes and reduce hospital admissions. Action: I arranged a longer consultation to understand her challenges. She disclosed that she was afraid of hypoglycaemia and found carbohydrate counting confusing. I simplified her insulin regimen to a fixed-dose basal-bolus plan, referred her to a diabetes educator for weekly sessions, and connected her with a psychologist to address anxiety. I also used continuous glucose monitoring so she could see the impact of adjustments in real time. Result: Over the next six months, she had no further admissions for ketoacidosis, and her HbA1c improved. She reported feeling more confident in managing her diabetes.”

3. How do you work with diabetes educators and dietitians to optimise patient outcomes?

Why they ask

This question assesses your ability to collaborate within a multidisciplinary team, which is essential in endocrinology.

How to structure your answer

Describe your approach to collaboration: how you identify the need for allied health input, how you communicate, and how you coordinate care. You can provide an example of a successful collaboration.

Example answer

“I see multidisciplinary care as central to managing chronic endocrine conditions. When I identify a patient who would benefit from education or dietary support, I make a referral and then communicate directly with the educator or dietitian, either through secure messaging or a brief case discussion. I ensure we share a common care plan, and I document agreed goals in the electronic medical record. For example, I worked with a dietitian and diabetes educator to support a patient with gestational diabetes. We developed a combined approach where the dietitian adjusted meal plans while the educator taught insulin administration. I reviewed the patient fortnightly and adjusted insulin doses based on glucose readings. This collaboration helped the patient achieve good glycaemic control and deliver a healthy baby without complications.”

4. Describe your experience supervising registrars and how you support their learning.

Why they ask

This question evaluates your leadership, teaching skills and commitment to developing the next generation of endocrinologists.

How to structure your answer

Outline your teaching philosophy, the methods you use (such as case discussions, direct observation, feedback), and how you assess progress. Share a specific example of a registrar you helped.

Example answer

“I believe that effective supervision combines hands-on clinical exposure with structured teaching and constructive feedback. In my current role, I supervise registrars in the outpatient clinic. Each week, I allocate time for them to present cases, and I guide them through differential diagnosis and management decisions. I also observe them during patient consultations and provide immediate feedback on communication and clinical reasoning. For example, one registrar was struggling with interpreting dynamic hormone tests. I developed a series of short teaching sessions using real de-identified cases, and we worked through the tests together. Over a few months, their confidence improved, and they were able to independently manage complex cases. I also encourage registrars to attend and present at research meetings, and I support them in preparing for their FRACP exams.”

5. How do you prioritise your workload when managing outpatient clinics, inpatient consults and teaching responsibilities?

Why they ask

This process question assesses your organisational skills, ability to triage and your approach to balancing competing demands.

How to structure your answer

Explain your prioritisation framework: consider urgency, clinical risk and impact. Describe how you plan your day, delegate where possible, and communicate with colleagues.

Example answer

“I start each day by reviewing my tasks and identifying anything urgent. Inpatient consults take priority because they often involve acutely unwell patients, so I tackle those first. For outpatient clinics, I review the schedule and flag complex cases that may need extra time. I use a triage approach: for example, if I have an inpatient with suspected adrenal crisis, that takes precedence over a routine follow-up. I block time for teaching and protect it where possible. I communicate with my team about my availability and delegate administrative tasks to support staff when appropriate. I also try to be flexible, as emergencies can arise. At the end of each day, I review what was accomplished and adjust my plan for the next day. This approach helps me maintain high-quality care, meet teaching obligations and manage my time effectively.”

6. What is your approach to investigating a patient with suspected thyroid dysfunction?

Why they ask

This technical question tests your knowledge of thyroid function tests and your ability to interpret results and plan management.

How to structure your answer

Describe a systematic approach: start with thyroid function tests (TSH, free T4, free T3), then consider additional tests such as thyroid antibodies, ultrasound or radionuclide scan. Explain how you interpret results and when you would refer for specialist investigation.

Example answer

“I would start by ordering a thyroid function panel including TSH and free T4. If TSH is low and free T4 is high, that suggests primary hyperthyroidism. I would then check TSH receptor antibodies to confirm Graves' disease, and potentially order a thyroid uptake scan if the diagnosis is unclear. If TSH is high and free T4 is low, that indicates primary hypothyroidism, and I would check thyroid peroxidase antibodies to confirm autoimmune thyroiditis. For a patient with a palpable nodule or structural abnormality, I would arrange a thyroid ultrasound and consider fine-needle aspiration if the nodule has suspicious features. I also consider the clinical context, such as symptoms, medications and pregnancy. Management would depend on the diagnosis: for hypothyroidism, levothyroxine replacement; for hyperthyroidism, antithyroid drugs, radioactive iodine or surgery. I would monitor thyroid function regularly and adjust treatment accordingly.”