Geriatrician interview questions

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What to expect

Interviews for geriatrician roles typically assess your clinical reasoning, communication skills, and ability to lead multidisciplinary teams in aged care settings.

- **Process:** Questions about your training pathway, registration, and approach to common clinical tasks.
- **Behavioural:** Questions asking for examples of how you have worked in teams, managed conflict, or handled complex cases.
- **Scenario:** Hypothetical patient situations that test your judgement, prioritisation, and patient-centred decision making.
- **Technical:** Questions on medication review, cognitive assessment tools, and management of geriatric syndromes.
- **Client-facing:** Questions about how you communicate with patients, families, and carers, especially around dementia and end-of-life care.

The interview may start with a panel introduction, followed by a mix of scenario-based questions, behavioural questions, and a discussion of your clinical experience. You may also be asked to review a case vignette or discuss your approach to complex care. Some panels include a separate session with nursing or allied health staff.

1. Walk us through your approach to assessing an older patient with multiple chronic conditions and suspected frailty.

Why they ask

This tests your systematic clinical method and ability to prioritise in a complex presentation.

How to structure your answer

Process walk-through: outline steps in logical order, from history and examination to investigations and care planning.

Example answer

“I start with a comprehensive history, focusing on function, cognition, and social circumstances. I perform a full physical examination, paying attention to gait, balance, and signs of frailty. I review medications for polypharmacy and use tools like the MoCA if cognitive impairment is suspected. I then order targeted investigations, such as blood tests and imaging via PACS if needed. After synthesising the findings, I develop a care plan in collaboration with the multidisciplinary team, setting goals that prioritise independence and safety.”

2. Tell me about a time you managed a patient with delirium in a hospital setting.

Why they ask

This assesses your ability to recognise and manage a common geriatric emergency, and your teamwork under pressure.

How to structure your answer

STAR: describe the situation, your task, the action you took, and the result.

Example answer

“A 78-year-old patient with dementia became acutely confused after surgery. I was called to review. I recognised possible delirium and immediately assessed for triggers like infection, pain, and

medication side effects. I ordered relevant tests and adjusted medications that could worsen confusion. I worked with nursing staff to implement non-pharmacological strategies like orientation and sleep hygiene. The patient's delirium resolved within two days, and we avoided using restraints or antipsychotics."

3. How do you approach medication review for an older patient with polypharmacy?

Why they ask

This probes your technical knowledge of deprescribing and your ability to balance risks and benefits.

How to structure your answer

Technical question: demonstrate your systematic approach, knowledge of deprescribing, and consideration of patient goals.

Example answer

"I start by compiling a complete medication list, including over-the-counter and herbal supplements. I assess each drug for indication, effectiveness, and potential adverse effects, especially those that increase fall risk or cognitive impairment. I prioritise deprescribing medications with limited benefit or high risk, using tools like the Beers criteria. I discuss changes with the patient and their family, explaining the rationale and monitoring for withdrawal effects. I document the plan in Cerner Millennium and communicate with the GP."

4. Describe a situation where you had to coordinate care with a multidisciplinary team to manage a complex discharge.

Why they ask

This evaluates your teamwork, communication, and ability to navigate complex systems to keep patients safe.

How to structure your answer

Behavioural with a focus on teamwork and communication: use STAR, highlighting your role in collaboration.

Example answer

"I cared for an older patient with advanced frailty who was ready for discharge but needed significant support at home. I led a case conference with nursing, physiotherapy, occupational therapy, and social work. We identified that the patient needed home modifications and a medication management plan. I liaised with the community aged care provider to arrange services. As a result, the patient was discharged safely and avoided readmission within 30 days."

5. How would you handle a disagreement with a surgical colleague about whether an older patient is fit for surgery?

Why they ask

This tests your judgement under pressure, your communication skills, and your commitment to patient-centred care.

How to structure your answer

Scenario question: show your judgement under pressure, communication skills, and patient-centred approach.

Example answer

"I would first seek to understand my colleague's perspective and share my assessment of the patient's frailty, cognitive status, and goals of care. I would frame the discussion around the patient's wishes and the likely risks and benefits. If needed, I would suggest a joint meeting with the patient and family to clarify expectations. I would also involve other team members, such as anaesthetics and geriatric nursing, to provide a balanced view. Ultimately, I would document the decision and ensure

the patient's preferences are respected."

6. What strategies do you use to educate and support families of patients with dementia?

Why they ask

This assesses your empathy, communication skills, and ability to provide practical support to carers.

How to structure your answer

Client-facing question: focus on empathy, communication, and practical advice.

Example answer

"I start by understanding the family's concerns and their current understanding of dementia. I explain the diagnosis in plain language, avoiding jargon, and provide written resources. I discuss behavioural symptoms and non-pharmacological strategies. I involve them in care planning and offer information about support services like Dementia Australia. I also schedule follow-up conversations to address ongoing questions. This approach helps families feel empowered and reduces their stress."