Medical Oncologist interview questions

careertips.com.au: common questions and what they're really testing

What to expect

Medical oncologist interviews in Australia usually involve a panel of senior clinicians, often including the head of department, a nursing leader and a human resources representative. Expect a mix of clinical reasoning, communication and teamwork questions, with strong emphasis on safe prescribing, multidisciplinary care and patient-centred decision making.

- **Clinical reasoning:** Cases or vignettes that test your approach to staging, treatment selection and toxicity management.
- **Behavioural:** Questions about how you have handled conflict, communicated bad news or led a quality improvement project.
- **Scenario / judgement:** Situations that probe your ability to balance evidence, patient wishes and resource constraints, such as a patient requesting futile treatment.
- **Safety and ethics:** Questions about informed consent, goals of care, error disclosure and mandatory reporting.
- **Multidisciplinary teamwork:** How you work with surgeons, radiation oncologists, palliative care and allied health.
- **Process / logistics:** Credentialing, on-call expectations and how you keep up with rapid changes in oncology.

The interview typically runs for 45 to 60 minutes. It may start with a brief introduction and a walk through your training and experience. Then a clinical case or two, followed by behavioural questions. Some panels ask you to present a recent interesting case or a quality improvement project. You will usually have time for your own questions. Reference checks and credentialing with the hospital follow a successful interview.

1. Walk us through your approach to a newly diagnosed patient with metastatic non-small cell lung cancer who has a targetable EGFR mutation.

Why they ask

Tests clinical reasoning, staging, treatment selection and communication.

How to structure your answer

A step-by-step walk-through: confirm diagnosis and staging, review molecular pathology, discuss targeted therapy options and side effects, and outline monitoring and multidisciplinary input.

Example answer

“First, I would confirm the diagnosis with histology and staging imaging, including CT and PET, and ensure molecular testing is complete. For an EGFR mutation, I would start with a third-generation tyrosine kinase inhibitor such as osimertinib. I would explain the rationale, expected response and common side effects like rash and diarrhoea. I would set up baseline bloods, ECG and regular monitoring, and involve the lung cancer multidisciplinary team for radiation or surgical input if needed. I would also discuss goals of care early and document a treatment plan in the oncology information system.”

2. Tell me about a time you had to break bad news to a patient or family. How did you handle it?

Why they ask

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

How to structure your answer

STAR: Situation, Task, Action, Result. Focus on preparation, environment, clear language, allowing silence and follow-up.

Example answer

“A patient in her fifties with newly diagnosed pancreatic cancer came to clinic expecting to start chemotherapy. I reviewed her scans and knew the disease was advanced. I arranged a family meeting in a quiet room with a specialist nurse present. I started by asking what she understood so far, then explained the findings in plain language, avoiding jargon. I paused often and acknowledged her distress. We discussed goals of care and I offered palliative care involvement and support services. She later told me she appreciated the honesty and the plan we made together.”

3. You are on call and a patient develops a severe allergic reaction to chemotherapy. What do you do?

Why they ask

Tests emergency management, safety and ability to prioritise.

How to structure your answer

Judgement under pressure: immediate assessment, call for help, follow anaphylaxis protocol, then document and review.

Example answer

“I would stop the infusion immediately, assess airway, breathing and circulation, and call for urgent help. I would follow the anaphylaxis protocol: give intramuscular adrenaline, high-flow oxygen, IV fluids and antihistamines as needed. Once stable, I would document the event, inform the patient and family, and report it through the incident system. I would also review the regimen and consider desensitisation or alternative agents for future cycles.”

4. How do you approach a patient who wants to stop treatment and focus on quality of life, but their family disagrees?

Why they ask

Explores ethics, patient autonomy and conflict resolution.

How to structure your answer

Scenario judgement: acknowledge emotions, clarify patient's values, facilitate family meeting, involve palliative care and document decisions.

Example answer

“I would start by exploring the patient's reasons and confirming they have capacity. I would acknowledge the family's fear and grief, and explain that the patient's wishes come first. I would offer a family meeting with a palliative care clinician and a social worker to discuss what quality of life means for the patient. We would agree on symptom management and any supportive care that aligns with their goals. I would document the discussion clearly and ensure the team follows the agreed plan.”

5. Give an example of a quality improvement project you led in an oncology setting.

Why they ask

Assesses leadership, audit skills and commitment to improving care.

How to structure your answer

STAR with emphasis on problem identification, intervention, measurement and sustainability.

Example answer

“I noticed that chemotherapy consent forms were often incomplete before treatment. I led a project to standardise the consent process using a checklist in the electronic medical record. I trained nursing and junior medical staff, then audited one hundred forms before and after. The number of incomplete forms dropped significantly. I presented the results at a departmental meeting and the checklist became routine practice.”

6. How do you stay current with the rapid changes in oncology treatment and guidelines?

Why they ask

Tests commitment to lifelong learning, evidence-based practice and self-directed study.

How to structure your answer

Process / reflection: describe sources, habits and application.

Example answer

“I use UpToDate and eviQ for point-of-care guidance, and I subscribe to journal alerts from the Journal of Clinical Oncology and The Lancet Oncology. I attend the annual RACP congress and local oncology education evenings. I also participate in tumour board meetings where we discuss new evidence. When a practice-changing trial is published, I review it with the multidisciplinary team and update our local protocols if needed.”