Neurologist interview questions

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What to expect

Neurologist interviews usually combine credential checks, clinical reasoning and communication scenarios. Panels want evidence of safe independent practice, sound judgement under time pressure, and the ability to explain complex conditions clearly to patients and families.

- **Credential and training review:** Questions about MBBS or MD, internship and residency, RACP advanced training, FRACP, and AHPRA specialist registration.
- **Clinical technical:** Case-based questions on EEG, nerve conduction studies, MRI interpretation, lumbar puncture, and medication management.
- **Behavioural:** Questions asking for real examples of teamwork, supervision, conflict or adverse events.
- **Scenario and judgement:** Questions about deteriorating patients, stroke calls, ethical dilemmas, or resource limits.
- **Patient and family communication:** Questions on breaking bad news, shared decision making, and explaining uncertainty.
- **Safety and quality:** Questions on incident reporting, clinical governance, and reducing risk in outpatient or inpatient care.

The interview may start with an introduction and credential check, then move to clinical case discussion, behavioural questions, and scenarios. Some services include a separate panel with nursing and allied health, and a tour or meet-and-greet. For public hospital roles, expect questions on teaching, supervision and on-call work.

1. Walk us through your training and how you came to specialise in neurology.

Why they ask

This checks your pathway, your commitment to the specialty, and whether your qualifications match Australian requirements.

How to structure your answer

Use a chronological walk-through: medical degree, internship, residency, RACP advanced training, fellowship, and current scope of practice. Keep it concise and connect each stage to neurology.

Example answer

“I completed my medical degree, then internship and residency in a metropolitan hospital. I enjoyed the diagnostic puzzle of neurology during my physician training, so I applied for RACP advanced training in neurology. During advanced training I rotated through stroke, epilepsy, neuromuscular and movement disorder terms. I completed EEG and nerve conduction study reporting, ran outpatient clinics, and sat the FRACP examinations. I now hold specialist registration with AHPRA and continue to build experience in telestroke and botulinum toxin clinics.”

2. How do you approach a patient with a first suspected seizure?

Why they ask

This is a common presentation and tests your clinical reasoning, safety awareness, and ability to manage uncertainty.

How to structure your answer

Use a clinical reasoning walk-through: history, examination, investigations, differential diagnosis, management, and safety advice.

Example answer

“I start with a detailed history from the patient and any witness, focusing on the event itself, triggers, post-ictal features, past history and family history. I examine for focal neurological signs, check for metabolic causes and review medications. I order bloods, an ECG and an urgent MRI brain, and arrange an EEG. I consider differentials such as syncope, arrhythmia, hypoglycaemia and psychogenic non-epileptic seizures. If the event is provoked, I treat the cause. If unprovoked, I discuss the diagnosis with the patient, explain driving and safety advice, and start or refer for antiseizure medication based on risk. I document a clear plan and arrange follow-up.”

3. Tell me about a time you had to supervise a junior doctor who was struggling with clinical duties.

Why they ask

This probes your supervision style, communication, and patient safety awareness.

How to structure your answer

Use STAR: situation, task, action, result. Keep the focus on what you did and what changed.

Example answer

“On a busy neurology ward, a first-year resident was missing handover details and looked overwhelmed. I sat down with them privately and asked what was getting in the way. We found they were unsure how to prioritise tasks. I walked them through a system for morning rounds, set a plan to review their patients with them before handover, and checked in daily for a fortnight. Their confidence improved, handover became clearer, and they later told me they felt supported. I also escalated to the registrar for additional oversight.”

4. You are on telestroke call overnight. A patient in a rural hospital has sudden weakness but the CT is unclear and the nurse is asking whether to give thrombolysis. What do you do?

Why they ask

This tests judgement under pressure, remote communication, and safe decision making when information is incomplete.

How to structure your answer

Use a judgement under pressure structure: assess, prioritise, communicate, act, escalate.

Example answer

“I would first confirm the time of onset and check for contraindications such as recent surgery, anticoagulation or uncontrolled blood pressure. I would review the CT images on PACS myself and ask for a repeat focused neurological exam. If the scan is unclear, I would discuss the risks and benefits with the rural doctor and nurse, and involve the on-call radiologist if needed. I would document my reasoning, give clear advice on thrombolysis or transfer, and arrange follow-up imaging. I would also escalate to the stroke consultant if I remained uncertain.”

5. How do you explain a diagnosis of multiple sclerosis to a patient who has never heard of it?

Why they ask

This assesses empathy, plain language communication, and shared decision making.

How to structure your answer

Use a patient communication framework: assess understanding, explain in plain language, show empathy, outline a plan, and check back.

Example answer

“I would ask what they already know and what concerns them most. I would explain that multiple sclerosis is a condition where the immune system affects the covering of nerves in the brain and spinal cord, and that it can cause different symptoms over time. I would avoid jargon, use a simple diagram if helpful, and make clear that many people manage well with treatment and monitoring. I would discuss disease-modifying therapies, lifestyle factors and support services, then ask them to tell me in their own words what they understood and what questions they have. I would offer a follow-up appointment and written information.”

6. What steps do you take to reduce risk in your outpatient neurology practice?

Why they ask

This checks your safety and quality habits, documentation, and follow-through on investigations.

How to structure your answer

Use a safety and quality framework: identify risks, use systems, communicate clearly, and review outcomes.

Example answer

“I start with accurate documentation, especially medication lists and allergies, and I use Epic or Cerner prompts to check results and follow up. For high-risk medicines such as anticonvulsants, I set clear monitoring intervals and ensure the patient knows what side effects to report. I use PACS to review imaging myself rather than relying on reports alone. I close the loop on referrals and investigations, and I ask patients to repeat back the plan. If something goes wrong, I report it through the incident system and discuss it at morbidity and mortality meetings so the service learns.”