Orthopaedic Surgeon interview questions

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

What to expect

Orthopaedic Surgeon interviews typically assess clinical judgement, technical proficiency, teamwork and communication. Expect a mix of clinical case discussions, behavioural questions and scenario-based problems.

- **Clinical knowledge and judgement:** Questions that test your ability to diagnose and manage musculoskeletal conditions, often through case presentations.
- **Technical and procedural skills:** Discussion of surgical techniques, complications and decision-making, including your experience with specific procedures.
- **Behavioural and teamwork:** Questions about working in multidisciplinary teams, supervising junior staff, and handling challenging interactions.
- **Ethics and professionalism:** Scenarios involving patient consent, resource allocation or professional boundaries.
- **Scenario-based problem solving:** Hypothetical situations that require you to think on your feet, such as managing an intraoperative complication.

The process often begins with a phone screen, followed by a panel interview with clinical scenarios, and may include a practical assessment or case presentation. Some employers include a separate interview with nursing and allied health staff.

1. Walk us through your approach to a patient presenting with a displaced femoral neck fracture.

Why they ask

This tests clinical knowledge and systematic thinking.

How to structure your answer

Use a systematic approach: history, examination, investigations, classification, management options and post-operative care.

Example answer

“I would start with a focused history and examination, assessing the patient's age, comorbidities, mobility and cognitive status. Imaging would include an X-ray and possibly CT to confirm displacement. I would classify the fracture using Garden's classification. Management depends on patient factors: for a displaced fracture in an elderly patient, I would consider hemiarthroplasty or total hip replacement based on pre-morbid function. In a younger patient, I would aim for internal fixation to preserve the native hip. Post-operatively, I would involve physiotherapy early and manage anticoagulation and pain. I would also discuss the risks and benefits with the patient and family before surgery.”

2. Tell me about a time you had to manage a complication during surgery.

Why they ask

Assesses technical judgement and composure under pressure.

How to structure your answer

STAR: Situation, Task, Action, Result.

Example answer

“During a total knee replacement, I encountered unexpected bone loss on the tibial side. The situation required immediate decision-making. My task was to ensure stable fixation. I called for additional

instrumentation and used a metal wedge augment to address the defect. I communicated clearly with the team and kept the patient informed post-operatively. The result was a stable construct and the patient had a good recovery with no further complications."

3. How do you handle a disagreement with a colleague about a patient's management plan?

Why they ask

Tests teamwork and communication.

How to structure your answer

Describe your approach to conflict resolution: listen, discuss evidence, involve patient, escalate if needed.

Example answer

"I would first seek to understand my colleague's perspective and review the evidence together. I would focus on the patient's best interests and consider involving other specialists or a multidisciplinary meeting if needed. Ultimately, if we cannot agree, I would escalate to a senior colleague or department head while ensuring the patient is kept informed and safe."

4. You are on call and receive a patient with an open fracture. What are your priorities?

Why they ask

Scenario-based, tests emergency management.

How to structure your answer

Prioritise: ATLS approach, antibiotics, tetanus, debridement, stabilisation.

Example answer

"I would follow ATLS principles, ensuring airway, breathing and circulation are stable. I would administer intravenous antibiotics and tetanus prophylaxis promptly. I would assess the wound, classify the fracture using Gustilo-Anderson, and arrange for urgent debridement and irrigation in theatre. I would stabilise the fracture with an external fixator if needed and plan for definitive fixation once the soft tissues allow. I would also document everything and communicate with the patient and team."

5. How do you stay updated with advances in orthopaedic surgery?

Why they ask

Assesses commitment to professional development.

How to structure your answer

Discuss continuing professional development: conferences, journals, courses, peer review.

Example answer

"I regularly attend conferences such as the Australian Orthopaedic Association Annual Scientific Meeting and read journals like the Journal of Bone and Joint Surgery. I also participate in peer review and surgical audit, and I have completed courses in advanced techniques like robotic-assisted arthroplasty. I believe in lifelong learning to ensure the best patient outcomes."

6. Describe a time you had to supervise a junior registrar who was struggling.

Why they ask

Tests leadership and mentoring.

How to structure your answer

STAR: Situation, Task, Action, Result.

Example answer

“A registrar was having difficulty with a complex fracture reduction. I observed and provided immediate feedback in a supportive way. I then arranged additional simulation training and paired them with a more experienced registrar. Over time, their confidence and skills improved, and they successfully performed the procedure independently. I believe in constructive feedback and tailored support.”