Paediatric Surgeon interview questions

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What to expect

Interviews for paediatric surgeon roles typically assess clinical judgement, technical skill, communication with families and leadership within a hospital setting. Panels usually include a head of department, a senior surgeon and a human resources representative.

- **Clinical judgement:** How you assess and prioritise surgical conditions in newborns, children and adolescents.
- **Technical skill:** Your operative experience and familiarity with paediatric surgical techniques and tools such as robotic systems and PACS.
- **Family communication:** How you discuss diagnoses, risks, consent and recovery with parents and carers.
- **Safety and governance:** Your approach to on-call rostering, handover, clinical audit and incident review.
- **Leadership and teaching:** How you supervise trainees, run theatre lists and contribute to a multidisciplinary team.

The process often begins with a panel interview covering clinical scenarios and behavioural questions, followed by a technical discussion or case presentation, and a tour of the theatre and ward areas. Some employers include a separate meeting with nursing and allied health leads.

1. Walk us through your approach to a neonate presenting with bilious vomiting.

Why they ask

This tests clinical reasoning, urgency and knowledge of common neonatal surgical emergencies.

How to structure your answer

A walk-through structure: initial assessment, differential diagnosis, investigations, immediate management and escalation to theatre if required.

Example answer

“I would first assess the baby's airway, breathing and circulation, then take a focused history from the parents and review the antenatal records. Bilious vomiting in a neonate raises concern for malrotation with volvulus, intestinal atresia or other obstruction. I would examine the abdomen for distension, tenderness and signs of peritonitis, and check for any dysmorphic features. While keeping the baby nil by mouth and starting intravenous fluids, I would order an abdominal X-ray and urgent contrast study if stable. If malrotation with volvulus is suspected, I would call the theatre team immediately, involve the anaesthetist and neonatal team, and prepare for laparotomy. I would also update the parents clearly at each step and document the plan in Epic.”

2. Tell me about a time you had to discuss a poor surgical outcome with a family.

Why they ask

This assesses empathy, communication under stress and professionalism.

How to structure your answer

STAR: situation, task, action, result.

Example answer

“A child I operated on for a complex abdominal condition developed a postoperative complication requiring a longer stay. I asked the parents to meet in a quiet room with the nurse unit manager present. I explained what had happened in plain language, acknowledged their distress and answered their questions without jargon. I outlined the next steps, including additional imaging and involvement of the intensive care team. I followed up with a written summary and offered a further meeting with the multidisciplinary team. The family later thanked me for being honest and clear, and they felt involved in decisions about their child's care.”

3. You are on call and receive a referral for a child with suspected appendicitis but the theatre is fully booked. How do you proceed?

Why they ask

This tests judgement under pressure, prioritisation and communication with colleagues.

How to structure your answer

Judgement under pressure: assess urgency, consider alternatives, communicate, escalate and document.

Example answer

“I would review the child promptly, examine the abdomen and check observations, bloods and imaging. If the presentation is uncomplicated and stable, I would start antibiotics and intravenous fluids, keep the child nil by mouth and place them on the emergency list for the next available slot. If there are signs of perforation or peritonism, I would escalate to the on-call anaesthetist and theatre coordinator to see whether another list can be shortened or a emergency slot created. I would also speak with the parents to explain the plan and ensure they understand the reasons for any delay. Throughout, I would document my reasoning and keep the referral team informed.”

4. What is your experience with minimally invasive or robotic-assisted paediatric surgery?

Why they ask

This probes technical skill and familiarity with tools such as the da Vinci system.

How to structure your answer

Technical description: case types, approach, safety considerations and outcomes.

Example answer

“I have performed laparoscopic procedures for a range of paediatric conditions, including appendicectomy, cholecystectomy and diagnostic laparoscopy. I have also assisted in robotic-assisted cases using the da Vinci system for selected urological and abdominal procedures in older children. My approach is to select patients carefully, ensure appropriate port placement for small anatomy and maintain low insufflation pressures. I always have a low threshold to convert to open surgery if visualisation or safety is compromised. I keep up with instrument updates and attend simulation sessions to maintain my skills.”

5. How do you supervise and teach junior trainees on the on-call roster?

Why they ask

This assesses leadership, teaching and patient safety.

How to structure your answer

Leadership framework: setting expectations, graded responsibility, feedback and escalation.

Example answer

“At the start of each rotation, I meet with the registrars and residents to set clear expectations for handover, documentation and escalation. I assign cases based on their stage of training, allowing them to lead where safe while I remain immediately available. I encourage them to contact me early if they are unsure, and I review their assessments and plans during ward rounds. After each on-call

shift, I give brief feedback on clinical reasoning and communication. I also run a fortnightly teaching session on common paediatric surgical presentations and ensure trainees know how to access senior support at any hour."

6. How do you ensure safe handover and continuity of care for postoperative children?

Why they ask

This tests safety, governance and attention to detail.

How to structure your answer

Process walk-through: standardised handover, documentation, review and escalation.

Example answer

"I use a structured handover format that covers the child's diagnosis, operation performed, intraoperative findings, postoperative plan, fluid and analgesia requirements, and any specific concerns. I document this in Epic and also update the theatre management system so nursing and allied health staff can see the plan. During ward rounds, I review the child's observations, pain scores, wound site and blood results against expected recovery. If there is any deviation, I escalate to the consultant on call and adjust the plan. I also ensure the family knows who to contact if they have concerns after discharge, and I arrange follow-up in the outpatient clinic."