Paediatrician interview questions

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What to expect

Paediatrician interviews assess clinical reasoning, communication with families, teamwork and safety. They often include a mix of clinical scenarios, behavioural questions and discussions about professional development.

- **Clinical reasoning:** Questions that ask you to work through a diagnostic or management problem step by step, often using a case vignette.
- **Behavioural:** Questions about past experiences, usually answered with the STAR method, to assess communication, teamwork and empathy.
- **Scenario-based:** Hypothetical situations that test your judgement under pressure, prioritisation and safety.
- **Professional development:** Questions about how you keep your knowledge current, meet RACP CPD requirements and integrate evidence.
- **Ethical and family-centred care:** Questions about supporting parents and carers, managing disagreement or difficult conversations.

Typically a multi-stage process: an initial phone or video screen, then a panel interview with clinical scenarios and behavioural questions, and sometimes a separate simulation or case discussion. You may meet with a multidisciplinary panel including medical, nursing and allied health staff.

1. Walk us through your approach to assessing a child presenting with failure to thrive.

Why they ask

This tests your systematic clinical reasoning, knowledge of growth and development, and consideration of safeguarding.

How to structure your answer

A structured clinical reasoning walk-through: start with a focused history, then examination, then investigations, then differential diagnosis and management, and finally consider psychosocial factors and safeguarding.

Example answer

“I would start by taking a detailed history from the parent or carer, including feeding patterns, weight and height trends, developmental milestones, past medical history and social circumstances. On examination, I would look for signs of underlying illness, dysmorphic features or neglect, and plot growth on appropriate charts. I would arrange initial investigations such as full blood count, electrolytes, coeliac screen and thyroid function, and consider further tests based on findings. My differential diagnosis would include inadequate intake, malabsorption, chronic illness and psychosocial factors. Management would involve a multidisciplinary approach with dietetics, nursing and possibly social work. Throughout, I would ensure the child's safety and involve safeguarding teams if I had concerns.”

2. Tell me about a time you had to communicate a difficult diagnosis to a family. How did you handle it?

Why they ask

This assesses your empathy, communication skills and ability to support families through distressing news.

How to structure your answer

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

Example answer

“I once diagnosed a toddler with type 1 diabetes after they presented with weight loss and lethargy. I had to explain this to the parents, who were understandably shocked. I found a quiet room, ensured both parents were present, and used clear, simple language to explain what diabetes is, why it happened, and what the next steps would be. I acknowledged their emotions and gave them time to ask questions. I involved the diabetes educator and dietitian early, and provided written information. The result was that the family felt supported and engaged well with the management plan, and the child's condition was stabilised.”

3. You are called to the emergency department for a 2-year-old with fever and lethargy. How do you prioritise and manage care?

Why they ask

This scenario tests your ability to assess a potentially critically unwell child, prioritise safety and act under pressure.

How to structure your answer

A prioritisation framework: use a structured approach like ABCDE, identify red flags, consider differentials including sepsis, initiate investigations and treatment, and escalate to senior support.

Example answer

“I would immediately assess the child using the ABCDE approach. If there were any airway, breathing or circulation concerns, I would call for senior help and start resuscitation as needed. I would check vital signs, including temperature, heart rate, respiratory rate, blood pressure and oxygen saturation, and look for signs of shock or sepsis. I would secure IV access, take blood cultures, and start broad-spectrum antibiotics promptly if sepsis was suspected. I would also consider other causes such as meningitis, pneumonia or urinary tract infection. Throughout, I would communicate with the parents and keep them informed. My priority would be stabilising the child and escalating care to intensive care if required.”

4. How do you stay current with paediatric best practices and integrate evidence into your work?

Why they ask

This assesses your commitment to continuing professional development and evidence-based practice.

How to structure your answer

Describe your approach to learning, then give a concrete example of how you applied new evidence.

Example answer

“I maintain my RACP continuing professional development requirements by attending conferences, participating in journal clubs, and completing online modules. I also review guidelines from organisations like the Australian Paediatric Society and the National Health and Medical Research Council. For example, when new evidence emerged about the management of bronchiolitis, I reviewed our department's protocol and worked with nursing staff to update our practice, which reduced unnecessary investigations and improved consistency of care.”

5. Describe a situation where you disagreed with a colleague's management plan. What did you do?

Why they ask

This tests your teamwork, conflict resolution and professionalism.

How to structure your answer

Use STAR: situation, task, action, result, focusing on respectful communication and patient safety.

Example answer

“I once disagreed with a registrar's plan to discharge a child with asthma who still had low oxygen saturations. I felt it was unsafe. I approached the registrar privately and explained my concerns, sharing the guidelines and the child's observation trends. We discussed the case and agreed to keep the child overnight for monitoring. The child's condition improved with treatment, and they were safely discharged the next day. The result was a safe outcome and a strengthened working relationship.”

6. What strategies do you use to support parents and carers who are anxious or have low health literacy?

Why they ask

This assesses your client-facing skills, empathy and health education approach.

How to structure your answer

A scenario-behavioural mix: describe your general approach, then give a specific example from your experience.

Example answer

“I start by creating a calm environment and using plain language, avoiding medical jargon. I check understanding by asking the parent to explain back what they have heard. I use visual aids or written information when helpful. For example, I once cared for a child with a new diagnosis of epilepsy. The mother was very anxious and had limited English. I arranged for an interpreter, drew a simple diagram of the brain, and explained seizure first aid step by step. I also connected her with an epilepsy nurse and support group. She later told me she felt much more confident managing her child's condition.”