Pathologist interview questions

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What to expect

Interviews for pathologist roles in Australia typically assess your clinical knowledge, diagnostic reasoning, and ability to work within a laboratory team. You may be asked to discuss complex cases, demonstrate quality control awareness, and show how you communicate with clinicians.

- **Technical and clinical knowledge:** Questions about specimen handling, diagnostic techniques, and interpretation of results.
- **Diagnostic reasoning:** Case-based scenarios that test your ability to reach a correct diagnosis.
- **Quality and safety:** Questions on laboratory protocols, accreditation, and error management.
- **Communication and consultation:** How you explain findings to clinicians and handle disagreements.
- **Behavioural:** Past experiences that show teamwork, problem solving, and attention to detail.
- **Scenario and judgement:** Hypothetical situations that require quick, sound decisions under pressure.

The interview is usually a panel format with a pathologist, laboratory manager, and HR representative. It may include a case presentation or a technical walkthrough, followed by behavioural and scenario questions. Some employers use a two-stage process with a phone screen first.

1. Walk us through your approach to examining a tissue biopsy when the initial findings are ambiguous.

Why they ask

This tests your technical knowledge and systematic approach to diagnosis.

How to structure your answer

Use a step-by-step technical explanation: describe your initial assessment, additional staining or tests you would order, and how you correlate findings with clinical history.

Example answer

“When I receive an ambiguous biopsy, I first review the clinical information and the gross description. I examine the slide under low power to identify the overall architecture, then high power for cellular detail. If the findings are unclear, I order immunohistochemistry panels to differentiate between possible diagnoses. I also consider molecular testing if a targeted therapy might be relevant. Throughout, I document my reasoning and consult with colleagues if needed. Finally, I integrate all results to reach a definitive diagnosis or recommend further sampling.”

2. Tell me about a time you had to consult with a treating clinician about a difficult diagnosis.

Why they ask

This assesses your communication skills and ability to handle professional disagreement.

How to structure your answer

Use STAR: Situation, Task, Action, Result. Focus on how you presented the findings clearly and how you reached a shared understanding.

Example answer

“A surgeon requested a frozen section on a lung nodule, and my initial interpretation was benign. The surgeon was concerned about malignancy based on imaging. I explained the histological features and suggested waiting for permanent sections and immunohistochemistry. I offered to expedite the

permanent sections and personally call with the result. The final diagnosis was a rare benign tumour, and the surgeon appreciated the clear communication. The patient avoided unnecessary surgery."

3. You receive a blood test result that contradicts the clinical picture. What do you do?

Why they ask

This tests your judgement under pressure and your approach to resolving discrepancies.

How to structure your answer

Use a judgement-under-pressure structure: stay calm, verify the result, consider pre-analytical errors, communicate with the clinical team, and decide on next steps.

Example answer

"First, I would check the sample integrity and whether the result fits the patient's history. I would review the laboratory process for any pre-analytical issues. If the result seems valid, I would contact the treating clinician to discuss the discrepancy. I might suggest repeating the test or ordering additional tests to clarify. If necessary, I would escalate to a senior pathologist. My priority is patient safety, so I would document the steps and ensure the clinician has a clear plan."

4. How do you ensure quality control in a high-volume laboratory?

Why they ask

This assesses your commitment to regulatory compliance and patient safety.

How to structure your answer

Use a process description: outline daily, weekly, and monthly QC activities, and how you handle out-of-range results.

Example answer

"I start each day by reviewing internal quality control results for all assays. If a control is out of range, I investigate immediately, checking reagents and equipment. I also participate in external quality assurance programs like RCPA QAP. I document all corrective actions and review trends monthly. I encourage staff to report near-misses without blame, so we can improve our processes. During accreditation assessments, I ensure all records are up to date."

5. How do you explain a complex diagnosis to a non-specialist clinician?

Why they ask

This tests your written and verbal communication skills, which are critical for multidisciplinary care.

How to structure your answer

Use a communication framework: start with the bottom line, avoid jargon, use analogies if helpful, and check for understanding.

Example answer

"I begin with the key diagnosis and its implications for treatment. I avoid technical jargon and instead use plain language. For example, I might say the cells show changes that are consistent with an early-stage cancer, and then explain the grade and stage. I offer to discuss any specific questions and provide a written report that is clear and concise. I always make sure the clinician knows how to reach me for follow-up."

6. Describe a situation where you identified a laboratory error. How did you handle it?

Why they ask

This assesses your attention to detail, problem solving, and integrity.

How to structure your answer

Use STAR: Situation, Task, Action, Result. Emphasise how you corrected the error, communicated it, and prevented recurrence.

Example answer

“I noticed a mismatch between a patient's name and the specimen label during sign-out. I immediately halted the report and notified the laboratory manager. We traced the error to a mislabelling at collection. I contacted the clinician to explain the delay and arranged for a repeat test. I then helped implement a barcode verification system to prevent similar errors. The patient was not harmed, and the new system reduced labelling errors across the department.”