Plastic Surgeon interview questions

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What to expect

Interviews for Plastic Surgeon roles in Australia typically assess your clinical judgement, technical skill, and ability to work within a multidisciplinary team. They also explore how you handle the psychological and ethical dimensions of both reconstructive and cosmetic surgery.

- **Technical/surgical:** Probes your operative knowledge, from flap selection to microsurgical technique, and your familiarity with planning tools like Materialise ProPlan CMF or Crisalix.
- **Behavioural:** Asks for examples of how you have managed complications, led a team, or handled difficult patient conversations.
- **Scenario/clinical judgement:** Presents an emergency or complex case to see how you prioritise, escalate and communicate under pressure.
- **Safety and quality:** Covers infection control, audit participation and your understanding of clinical governance in Australian hospitals.
- **Leadership and training:** Explores your experience supervising registrars and contributing to surgical education and research.
- **Client-facing/communication:** Focuses on how you manage patient expectations, informed consent and cosmetic consultations.

Typically a panel interview with the head of department, a senior plastic surgeon and a human resources representative. You may be asked to discuss a clinical case or present a portfolio of operations. Some positions include a separate technical skills assessment or simulation. The interview usually lasts 45 to 60 minutes.

1. Walk us through your approach to planning a complex microsurgical free flap reconstruction.

Why they ask

This tests your technical planning, knowledge of anatomy and ability to coordinate a multidisciplinary team.

How to structure your answer

A process walk-through: start with patient assessment and imaging, then flap selection and operative plan, followed by postoperative monitoring and contingency plans.

Example answer

“For a complex free flap, I start with a thorough patient assessment, including past medical history, previous surgeries and imaging. I review CT angiography or DICOM images to map the vascular anatomy. Then I select the most appropriate flap, considering the defect size, tissue requirements and donor site morbidity. I plan the operative steps with the anaesthetic and nursing teams, ensuring we have the right instruments and a clear sequence. Postoperatively, I set up a monitoring protocol with hourly checks for the first 24 hours, and I am ready to return to theatre if there is any sign of compromise. I also discuss the plan with the patient and their family so they understand the risks and recovery.”

2. Tell me about a time you managed a postoperative complication such as a flap failure or wound infection.

Why they ask

This assesses your clinical judgement, communication skills and ability to stay calm under pressure.

How to structure your answer

STAR: describe the Situation, Task, Action and Result, focusing on what you did and what you learned.

Example answer

“During my fellowship, I performed a breast reconstruction with a deep inferior epigastric perforator flap. On the second postoperative day, the flap became congested. I immediately assessed the patient, checked the Doppler signals and recognised venous compromise. I took the patient back to theatre, explored the anastomosis and found a kink in the vein. I revised the anastomosis and the flap recovered fully. Afterward, I reviewed our monitoring protocol with the nursing team to ensure earlier recognition of congestion. The patient went on to heal well and was satisfied with her reconstruction.”

3. You are on call and receive a patient with a severe facial fracture and airway compromise. How do you prioritise and manage the situation?

Why they ask

This scenario tests your ability to prioritise life-threatening issues, work under pressure and lead a trauma team.

How to structure your answer

A judgement-under-pressure structure: assess airway, breathing and circulation first, then plan definitive management, and finally communicate with the team and family.

Example answer

“My first priority is the airway. I would assess for obstruction and call for anaesthetic support immediately. If the airway is compromised, I would prepare for an emergency surgical airway or intubation. Once the airway is secure, I would assess for other life-threatening injuries using a trauma survey. I would order a CT scan to define the fracture pattern and plan surgical fixation. I would communicate clearly with the emergency team, the anaesthetist and the patient's family. Definitive repair would be scheduled once the patient is stable, often within a few days. Throughout, I document everything and keep the team informed.”

4. How do you ensure infection control and patient safety in your theatre and ward practice?

Why they ask

This explores your commitment to safety standards, audit and clinical governance.

How to structure your answer

A structured answer: describe your personal practices, then how you lead and audit, and finally how you respond to incidents.

Example answer

“I follow the Australian guidelines for infection control, including hand hygiene, sterile technique and appropriate antibiotic prophylaxis. In theatre, I lead by example and ensure the team adheres to the surgical safety checklist. On the ward, I monitor wound care and review any signs of infection promptly. I participate in regular audits and morbidity and mortality meetings, and I use Epic to track outcomes. If I see a lapse, I address it immediately and use it as a teaching moment. I also contribute to policy updates when new evidence emerges.”

5. Describe your experience supervising registrars and contributing to surgical training.

Why they ask

This assesses your leadership, teaching ability and contribution to the surgical workforce.

How to structure your answer

A narrative structure: outline the context, your specific actions as a supervisor, and the outcomes for the registrars and the unit.

Example answer

“I have supervised registrars across their plastic surgery rotations for several years. I set clear expectations at the start of each term and provide regular feedback on their operative skills and clinical decision-making. I involve them in complex cases, allowing them to perform parts of the procedure under my supervision. I also run weekly teaching sessions on topics like flap monitoring and facial trauma. As a result, all my registrars have progressed to the next stage of RACS training, and several have presented at conferences. I find it rewarding to help shape the next generation of surgeons.”

6. A cosmetic patient has unrealistic expectations about their surgery. How do you handle the consultation and consent process?

Why they ask

This tests your communication skills, ethical judgement and ability to manage patient expectations.

How to structure your answer

A client-facing structure: explore the patient's motivations, educate them on realistic outcomes, and document the consent discussion thoroughly.

Example answer

“I start by asking open-ended questions to understand what the patient hopes to achieve. I explain the procedure, the likely outcomes and the potential risks in plain language. I use tools like Crisalix to show them a simulation, while making clear that this is a guide, not a guarantee. If their expectations remain unrealistic, I would decline to operate, explaining that surgery may not meet their goals and could lead to dissatisfaction. I document the entire discussion, including the patient's understanding and agreement. I always prioritise a trusting doctor-patient relationship over proceeding with a risky operation.”