Radiation Oncologist interview questions

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What to expect

Radiation Oncologist interviews assess your clinical judgement, treatment planning skills, teamwork and patient communication. Panels usually include a head of department, a senior radiation oncologist, and sometimes a radiation therapist, medical physicist or operations manager. Expect a mix of clinical reasoning, technical planning discussion, behavioural questions and patient-centred scenarios.

- **Clinical reasoning:** Questions that ask you to work through a patient case, from assessment and staging to treatment selection and follow-up.
- **Treatment planning and technical:** Questions about planning systems, dose constraints, image guidance and how you work with radiation therapists and medical physicists.
- **Behavioural and teamwork:** Questions about past experiences in multidisciplinary teams, conflict resolution and leadership of trainees or colleagues.
- **Scenario and judgement:** Hypothetical situations such as managing acute toxicity, treatment interruptions or an unexpected patient deterioration.
- **Patient-centred communication:** Questions about explaining risks, benefits and side effects to anxious patients and supporting shared decision making.
- **Safety and quality:** Questions about correct patient identification, treatment verification, incident reporting and quality improvement.

The interview often begins with introductions and a brief overview of the role and department. A clinical case discussion or planning scenario may follow, where you talk through your approach and reasoning. Then come behavioural and collaboration questions, sometimes with a short presentation on a recent technique or quality project. You usually get time to ask questions about the service, team structure and equipment. Some panels include a separate tour of the department or a meet-and-greet with radiation therapists and medical physicists.

1. Walk us through how you assess a newly diagnosed patient with localised prostate cancer and decide on the appropriate radiation approach.

Why they ask

This tests your clinical reasoning, knowledge of treatment options and ability to involve the multidisciplinary team.

How to structure your answer

A stepwise walk-through: referral and history, examination and staging, multidisciplinary discussion, treatment selection and patient consent, then planning and follow-up.

Example answer

“I start by reviewing the referral, imaging and pathology, then take a focused history including urinary symptoms, bowel habits and comorbidities. I examine the patient and confirm staging with PSMA PET or MRI as indicated. I discuss options within the multidisciplinary team, considering active surveillance, surgery, external beam radiotherapy or brachytherapy. If radiotherapy is appropriate, I explain the technique, likely side effects and the need for androgen deprivation therapy in some cases. I then plan with VMAT using RayStation and daily image guidance, document the plan in ARIA, and ensure the patient understands follow-up and supportive care.”

2. Tell me about a time you had to manage a disagreement within a multidisciplinary team about a patient's treatment plan.

Why they ask

This reveals how you handle conflict, communicate evidence and keep the patient at the centre of decisions.

How to structure your answer

STAR: describe the situation and task, explain your action, and give the result.

Example answer

“In a recent case, the medical oncologist and I disagreed about the timing of radiotherapy for a patient with locally advanced lung cancer. I arranged a case conference, presented the evidence for early concurrent chemoradiation, and listened to concerns about toxicity. We agreed on a modified schedule with closer monitoring. The patient completed treatment without unexpected interruptions, and the team adopted a similar approach for later cases. I learned that naming the disagreement early and focusing on the evidence kept the discussion productive.”

3. You are on call and a patient develops severe radiation dermatitis during treatment. How do you handle it?

Why they ask

This assesses your judgement under pressure, clinical management of toxicity and escalation skills.

How to structure your answer

A judgement-under-pressure structure: assess the patient, act to stabilise, escalate and involve the team, document, then review the treatment plan and follow up.

Example answer

“I would review the patient promptly, assess the severity and distribution of the reaction, and check for infection. I would start appropriate topical treatment, consider interrupting treatment if needed, and involve nursing and radiation therapists. I would document the plan and communicate with the patient's general practitioner and medical oncologist. I would also review the treatment plan to see if dose constraints can be adjusted for remaining fractions. Finally, I would arrange close follow-up and ensure the patient knows when to seek urgent care.”

4. How do you approach treatment planning for a head and neck cancer case using Eclipse, and how do you ensure organs at risk are spared?

Why they ask

This tests your technical planning skills, familiarity with planning systems and understanding of dose constraints.

How to structure your answer

A step-by-step technical explanation: image acquisition and fusion, contouring, plan creation, dose evaluation, review and approval.

Example answer

“I begin with a planning CT and fusion with MRI or PET using MIM Maestro. I contour the target volumes and organs at risk according to consensus guidelines, then work with the dosimetrist to create an IMRT or VMAT plan in Eclipse. I review dose volume histograms, check constraints for the parotids, spinal cord, brainstem and mandible, and adjust as needed. I document the plan and review it in the multidisciplinary meeting before approval. I also confirm that image guidance is set up appropriately for daily treatment.”

5. How do you explain the risks and benefits of radiotherapy to a patient who is anxious about side effects?

Why they ask

This explores your empathy, plain-language communication and ability to support shared decision making.

How to structure your answer

An empathy and plain-language structure: acknowledge concerns, explain in simple terms, check understanding, and agree on a plan together.

Example answer

“I start by asking what they already know and what worries them most. I explain the purpose of radiotherapy in plain language, describe common side effects and how we manage them, and outline the likely timeline. I use diagrams or written information, then ask them to repeat back their understanding. I make sure they know they can bring a support person and that we will review them regularly during treatment. I also reassure them that we can adjust supportive care if side effects become difficult.”

6. What processes do you follow to ensure correct patient, site and dose before each treatment?

Why they ask

This assesses your commitment to safety, quality and adherence to departmental protocols.

How to structure your answer

A checklist and verification structure: patient identification, site verification, prescription and plan checks, time out, and incident reporting.

Example answer

“I follow the department's protocols for patient identification using three identifiers, and I verify the treatment site against the planning images and tattoo marks. I check the prescription and dose constraints in ARIA, and I confirm the plan has been reviewed and approved. Before the first treatment, I attend a time out with radiation therapists and medical physicists. I also encourage incident reporting and review any near misses in quality meetings. I believe safety is a shared responsibility and I speak up if anything does not look right.”