Respiratory Physician interview questions

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What to expect

Interviews for Respiratory Physician roles in Australia typically assess your clinical reasoning, procedural skills, and ability to work within multidisciplinary teams. They often include a mix of clinical scenario questions, behavioural questions, and discussion of your training and experience.

- **Clinical scenario:** Questions that present a patient presentation and ask you to outline your assessment and management plan.
- **Behavioural:** Questions about how you have handled challenging situations, such as a difficult conversation with a patient or a conflict with a colleague.
- **Technical and procedural:** Questions about your experience with specific procedures like bronchoscopy, spirometry, or NIV setup and troubleshooting.
- **Training and supervision:** Questions about your experience supervising registrars and contributing to teaching and research.
- **Safety and quality:** Questions about how you ensure patient safety, infection control, and quality improvement in respiratory care.
- **Sleep medicine:** Questions focused on sleep study interpretation and management of sleep disorders.

The interview usually starts with an introduction and a review of your training and experience. Then you might be given one or more clinical scenarios to work through, followed by behavioural questions. There may be a separate procedural skills assessment or a discussion of a research or audit project. You will likely have the chance to ask questions at the end.

1. A 55-year-old patient presents with progressive breathlessness and a chronic cough. How would you approach their assessment and management?

Why they ask

This assesses your systematic clinical reasoning and ability to prioritise investigations and treatment.

How to structure your answer

Use a structured clinical approach: history, examination, investigations, differential diagnosis, management plan, and follow-up.

Example answer

“I would start by taking a detailed history, focusing on the onset and progression of breathlessness, cough characteristics, smoking history, occupational exposures, and any systemic symptoms. On examination, I would assess respiratory rate, oxygen saturation, chest auscultation, and signs of right heart failure. I would order baseline investigations including spirometry, chest X-ray, and blood tests. Depending on findings, I might arrange a CT chest, bronchoscopy, or sleep study. My differential diagnosis would include asthma, COPD, interstitial lung disease, or malignancy. Management would involve inhaled therapies, smoking cessation support, and referral to pulmonary rehabilitation if appropriate. I would schedule a follow-up to review response and adjust treatment.”

2. Tell me about a time you had to manage a difficult conversation with a patient or their family about a poor prognosis.

Why they ask

This assesses your communication skills, empathy, and ability to handle emotionally charged situations.

How to structure your answer

Use the STAR method: Situation, Task, Action, Result.

Example answer

“Situation: I had a patient with advanced lung fibrosis who was deteriorating despite maximal therapy. Task: I needed to discuss the poor prognosis with the patient and their family and transition to palliative care. Action: I arranged a family meeting in a private room, ensured everyone had a chance to speak, used plain language, and acknowledged their emotions. I explained the trajectory of the disease, clarified goals of care, and involved the palliative care team. Result: The family felt supported and the patient was able to spend their final weeks at home with appropriate symptom management. The feedback from the family was positive, and they thanked me for being honest and compassionate.”

3. Describe your approach to performing a bronchoscopy and how you manage complications.

Why they ask

This assesses your technical knowledge, procedural safety, and ability to handle adverse events.

How to structure your answer

Describe step-by-step: pre-procedure assessment, consent, sedation, technique, post-procedure care, and complication management.

Example answer

“Before bronchoscopy, I review the indications, check for contraindications, and obtain informed consent. I ensure the patient is appropriately fasted and reviewed by anaesthetics if needed. During the procedure, I use topical anaesthesia and sedation, monitor vital signs continuously, and navigate the bronchoscope through the airways, collecting samples as required. If bleeding occurs, I instil cold saline or topical adrenaline and apply pressure. For bronchospasm, I administer bronchodilators. If the patient becomes hypoxic, I increase oxygen and consider stopping the procedure. After the procedure, I monitor for complications like pneumothorax or laryngospasm and provide clear post-procedure instructions.”

4. How do you supervise and teach registrars in respiratory and sleep medicine?

Why they ask

This assesses your leadership, teaching ability, and commitment to training the next generation.

How to structure your answer

Outline your teaching philosophy, methods, and how you provide feedback and support.

Example answer

“I believe in a supportive yet challenging environment. I start by understanding each registrar's level of experience and learning goals. In clinic, I encourage them to see patients first and then present their assessment, after which we discuss the plan together. In procedural skills, I demonstrate techniques and then observe them, providing immediate feedback. I hold regular teaching sessions on topics like spirometry interpretation and sleep study scoring. I also give constructive feedback after each session, highlighting strengths and areas for improvement. I make myself available for questions and encourage registrars to take on increasing responsibility as they progress.”

5. How do you ensure quality and safety in your respiratory practice?

Why they ask

This assesses your understanding of clinical governance, risk management, and patient safety.

How to structure your answer

Describe frameworks you use, such as clinical audits, incident reporting, and adherence to guidelines.

Example answer

“I follow evidence-based guidelines from the Thoracic Society of Australia and New Zealand and the RACP. I participate in regular clinical audits, such as reviewing bronchoscopy complication rates or NIV outcomes. I report incidents through the hospital system and contribute to morbidity and mortality meetings. I ensure infection control by adhering to sterilisation protocols and hand hygiene. I also engage in continuous professional development to stay current with best practices. For example, I recently led an audit on oxygen prescribing that led to improved documentation and safer use of oxygen therapy.”

6. A patient has a sleep study showing moderate obstructive sleep apnoea. How do you interpret the results and plan management?

Why they ask

This assesses your expertise in sleep medicine and ability to translate study findings into a management plan.

How to structure your answer

Interpret the key parameters (AHI, oxygen saturation, arousals), correlate with symptoms, and outline management options.

Example answer

“I would first review the apnoea-hypopnoea index, oxygen desaturation index, and arousal index to confirm severity. I would also check for positional dependency and cardiac arrhythmias. I would then correlate these findings with the patient's symptoms, such as daytime sleepiness, snoring, and witnessed apnoeas. Management would begin with lifestyle advice, including weight management and sleep hygiene. I would discuss continuous positive airway pressure therapy and, if appropriate, a mandibular advancement splint. I would arrange follow-up to assess adherence and symptom improvement, and consider referral to a sleep surgeon if anatomical factors are present.”