Rheumatologist interview questions

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What to expect

Interviews for rheumatology roles in Australia typically assess clinical reasoning, communication, and ability to work within a multidisciplinary team. Expect questions that probe your approach to complex autoimmune cases, safe prescribing, and patient-centred care.

- **Clinical reasoning:** Questions that test your diagnostic process and management planning for complex autoimmune and inflammatory conditions.
- **Technical skills:** Questions about procedures such as musculoskeletal ultrasound, joint aspiration, and injection, as well as safe prescribing of DMARDs and biologics.
- **Behavioural:** Questions that ask for examples of how you have handled challenging patient interactions, teamwork, or leadership.
- **Patient communication:** Questions that assess how you explain diagnoses, risks, and treatment plans to patients and families.
- **Safety and quality:** Questions about monitoring for adverse effects, infection screening, and quality improvement in rheumatology.
- **Multidisciplinary:** Questions about working with nurses, physiotherapists, and other allied health staff to coordinate care.

The interview is typically a panel interview with the head of rheumatology, a senior consultant, and sometimes a rheumatology nurse or allied health professional. It often includes a clinical case discussion or scenario, and may involve a separate session with hospital administration. You can expect questions about your training, procedural skills, and approach to long-term condition management.

1. Walk me through your approach to a patient presenting with new inflammatory polyarthritis.

Why they ask

This tests your clinical reasoning, from history and examination to investigations and initial management.

How to structure your answer

Use a step-by-step clinical reasoning structure: history and examination, differential diagnosis, investigations, and initial treatment plan.

Example answer

“I would start by taking a focused history, asking about joint pain pattern, morning stiffness, systemic symptoms, and family history. On examination, I would look for synovitis, extra-articular features, and any red flags. I would order blood tests including inflammatory markers, rheumatoid factor, anti-CCP, and imaging such as X-rays or ultrasound. My differential diagnosis would include rheumatoid arthritis, psoriatic arthritis, and crystal arthropathy. If inflammatory arthritis is confirmed, I would initiate a DMARD such as methotrexate, provide bridging prednisolone if appropriate, and arrange early follow-up with a rheumatology nurse. I would also refer to physiotherapy for joint protection advice.”

2. How do you decide when to start a biologic therapy in a patient with rheumatoid arthritis?

Why they ask

This assesses your knowledge of treatment escalation and safe prescribing.

How to structure your answer

Use a decision framework: disease activity, response to conventional DMARDs, contraindications, and shared decision-making.

Example answer

“I would first confirm the patient has active disease despite adequate trials of conventional DMARDs, such as methotrexate and another agent. I would check for contraindications, including active infection, latent tuberculosis, and hepatitis. I would discuss the risks and benefits with the patient, including the need for regular monitoring and infection precautions. If appropriate, I would start a TNF inhibitor or another biologic, and arrange follow-up in a biologic clinic to monitor response and adverse effects.”

3. Tell me about a time you managed a complex patient with lupus who was not adhering to treatment.

Why they ask

This behavioural question explores your empathy, problem-solving, and ability to improve adherence.

How to structure your answer

Use STAR: situation, task, action, result.

Example answer

“Situation: I cared for a young woman with lupus nephritis who repeatedly missed appointments and stopped her mycophenolate. Task: I needed to understand why and help her achieve remission. Action: I arranged a longer consultation, explored her concerns about weight gain and fertility, and involved a rheumatology nurse and psychologist. I simplified her regimen and used a shared decision-making tool. Result: She re-engaged with care, her renal function stabilised, and she has remained on treatment for over a year.”

4. How would you explain the risks and benefits of methotrexate to a patient who is hesitant to start it?

Why they ask

This tests your communication skills and ability to address patient concerns.

How to structure your answer

Use an explain-back approach: elicit concerns, provide balanced information, check understanding, agree on a plan.

Example answer

“I would start by asking what worries her most about methotrexate. I would explain that it is the first-line treatment for rheumatoid arthritis and can prevent joint damage, but that it needs regular blood tests to monitor liver and blood counts. I would mention that nausea can be managed with folic acid and dose adjustment. I would reassure her that we can start at a low dose and review frequently. I would then ask her to repeat back her understanding and agree on a trial period.”

5. What steps do you take to monitor for complications in a patient on long-term glucocorticoids?

Why they ask

This tests your safety and quality approach to a common rheumatology treatment.

How to structure your answer

Use a systematic checklist: baseline assessment, regular monitoring, prophylaxis, and lifestyle advice.

Example answer

“I would record baseline weight, blood pressure, blood glucose, and bone density. I would prescribe calcium and vitamin D, and consider a bisphosphonate for osteoporosis prevention. I would monitor

for hyperglycaemia, hypertension, and infection at each visit. I would also advise on smoking cessation, exercise, and a low-sodium diet. I would aim to use the lowest effective dose and taper as soon as clinically possible."

6. Give an example of how you have worked with allied health to improve outcomes for a patient with gout.

Why they ask

This assesses your multidisciplinary teamwork and patient-centred care.

How to structure your answer

Use STAR: situation, task, action, result.

Example answer

"Situation: A patient with recurrent gout was not reaching target urate levels despite allopurinol. Task: I needed to coordinate care to reduce flares. Action: I referred him to a dietitian for weight management and to a podiatrist for footwear advice. I also involved a pharmacist to review his medications and provide education on adherence. Result: His urate levels improved, he had fewer flares, and he reported better quality of life."