Surgeon interview questions

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What to expect

Surgeon interviews are structured around demonstrated clinical judgement, technical competence and how a candidate performs under the pressure that comes with operating theatre work. Panels usually include senior surgeons, a medical director and sometimes a College representative, and expect answers grounded in real cases rather than theory.

- **Clinical process:** Questions on how you work through a case from assessment to post-operative follow-up, testing method and clinical reasoning.
- **Scenario / judgement under pressure:** Hypothetical or case-based scenarios testing decision-making when a plan has to change mid-procedure or a complication arises.
- **Behavioural:** Past-experience questions about teamwork, conflict and communication within the surgical and perioperative team.
- **Safety and governance:** Questions on consent, documentation, complication reporting and participation in audit and peer review.
- **Fit and credentialing:** Questions probing scope of practice, case mix experience and alignment with the hospital's credentialing requirements.

Panels typically open with background and training questions, move into case-based or scenario discussion (sometimes with imaging or a mock case file), then behavioural questions on teamwork and complications, and close with governance and credentialing questions before time for the candidate's own questions.

1. Walk me through how you assess and plan for a complex surgical case from referral to theatre.

Why they ask

Tests clinical process, use of imaging and how thoroughly you plan before entering theatre.

How to structure your answer

Step-by-step walkthrough: describe assessment, imaging review, risk stratification, consent discussion and theatre planning in order.

Example answer

“I start with a full clinical assessment and history, then review the relevant CT, MRI or ultrasound imaging myself rather than relying solely on the written report, since subtle findings can change the approach. I discuss risk factors and options with the patient as part of informed consent, involve anaesthetics early if there are comorbidities, and confirm the theatre list and equipment needs before the day of surgery so the whole team knows the plan.”

2. Tell me about a time you had to manage an unexpected complication during a procedure.

Why they ask

Behavioural question testing composure, technical adaptability and communication with the theatre team under pressure.

How to structure your answer

STAR: situation, task, action, result.

Example answer

“During a laparoscopic procedure, bleeding obscured the surgical field more than expected. My task was to control it without converting unnecessarily. I paused, communicated clearly with the anaesthetist and scrub nurse about the change in plan, adjusted my approach to gain better access and controlled the source. The patient recovered without further intervention, and I documented the complication in full for departmental review.”

3. A patient's condition deteriorates mid-procedure and the original surgical plan is no longer appropriate. What do you do?

Why they ask

Scenario question testing judgement under pressure and prioritisation of patient safety over the original plan.

How to structure your answer

Judgement-under-pressure structure: state the immediate priority, the decision process, who you involve, and how you reassess afterwards.

Example answer

“My immediate priority is patient stability, not completing the original plan as designed. I would reassess in real time with input from the anaesthetist, adjust or abandon the planned approach if needed, and communicate clearly to the team what we're doing and why. Afterwards I'd document the change in detail and discuss it at the next audit meeting so the decision is transparent and reviewable.”

4. How do you approach informed consent for a high-risk procedure?

Why they ask

Tests communication skill and understanding of consent as an ongoing clinical and legal obligation, not a form to be signed.

How to structure your answer

Process walkthrough with emphasis on communication technique.

Example answer

“I explain the diagnosis, the proposed procedure, realistic benefits and specific risks in plain language, avoiding jargon, and check the patient's understanding rather than assuming it. I make sure they know the alternatives, including not operating, and I document that discussion clearly. If English isn't a patient's first language I arrange an interpreter rather than relying on family members.”

5. Tell me about a time you disagreed with another member of the surgical or perioperative team about patient management.

Why they ask

Tests teamwork, professional communication and how you handle conflict within a multidisciplinary team.

How to structure your answer

STAR, with emphasis on the resolution and ongoing working relationship.

Example answer

“An anaesthetist and I had different views on the timing of a procedure given a patient's cardiac risk. I set out my clinical reasoning, listened to their concerns, and we agreed to get a cardiology opinion before proceeding. The delay was short and the patient went through the procedure safely. We've worked well together on cases since, because the disagreement was handled as a clinical discussion, not a personal one.”

6. How do you keep your surgical practice current given the pace of change in technology like robotic platforms?

Why they ask

Tests commitment to continuing professional development and comfort with evolving tools relevant to the role.

How to structure your answer

Direct response outlining specific CPD activities and how you apply them.

Example answer

“I maintain my CPD requirements through the College, attend relevant surgical conferences and case reviews, and where a hospital introduces new equipment such as a robotic platform, I complete the credentialing and supervised case requirements before operating independently. I also stay involved in departmental audit, which is often where I first hear about technique changes that are working well elsewhere in the unit.”