Urologist interview questions

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What to expect

Interviews for urologist positions typically assess clinical reasoning, surgical judgement, communication skills and teamwork. You may be asked to discuss cases, demonstrate your approach to complex scenarios and show how you work within a multidisciplinary team.

- **Clinical knowledge and reasoning:** Questions that probe your ability to diagnose and plan treatment for urological conditions, often using case scenarios.
- **Surgical judgement and safety:** Scenarios that test your intraoperative decision making, crisis management and commitment to patient safety.
- **Patient communication:** Behavioural questions about how you discuss diagnoses, treatment options and sensitive issues with patients and families.
- **Teamwork and leadership:** Questions about your experience working with multidisciplinary teams and supervising junior staff.
- **Professional development:** Questions about how you keep your skills and knowledge current, including new techniques and guidelines.
- **Ethical and professional scenarios:** Hypothetical situations that assess your integrity, patient advocacy and adherence to professional standards.

The interview usually involves a panel with the head of department, a senior urologist and a nurse manager. It may include a clinical case discussion or a scenario based question, followed by behavioural questions and a chance for you to ask questions. Some employers also arrange a tour of the facility and introductions to the team.

1. Can you walk us through your approach to managing a patient with newly diagnosed localised prostate cancer?

Why they ask

Assesses your clinical reasoning and ability to plan treatment based on evidence and patient preferences.

How to structure your answer

Walk through the steps you take from initial assessment to treatment recommendation, highlighting key decision points such as staging, multidisciplinary discussion and patient choice.

Example answer

“When I see a patient with newly diagnosed localised prostate cancer, I start by confirming the diagnosis through review of biopsy results, Gleason score and imaging. I then assess the patient's overall health, life expectancy and preferences. I discuss the case at our multidisciplinary team meeting to consider options such as active surveillance, radical prostatectomy or radiotherapy. I explain each option in detail, including potential side effects and expected outcomes, and I support the patient in making an informed decision that aligns with their values. I also ensure they have access to supportive care and follow up.”

2. Tell me about a time you had to communicate a difficult diagnosis to a patient or their family.

Why they ask

Evaluates your empathy and communication skills under challenging circumstances.

How to structure your answer

Use the STAR method: describe the situation, the task, the action you took and the result.

Example answer

“I once had to tell a patient that their bladder cancer had progressed despite treatment. I sat with them in a private room, ensured they had a support person present, and used clear, simple language to explain the findings. I paused often to check their understanding and allowed time for questions. I then discussed the next steps, including palliative care options and symptom management. The patient later thanked me for being honest and compassionate, and we were able to arrange appropriate support services.”

3. You are performing a laparoscopic nephrectomy and encounter unexpected bleeding. How do you manage this intraoperatively?

Why they ask

Tests your surgical judgement and ability to handle a crisis safely.

How to structure your answer

Outline your immediate actions, then how you would escalate and communicate with the team, and finally how you would follow up.

Example answer

“If I encounter unexpected bleeding during a laparoscopic nephrectomy, I first stay calm and assess the source. I increase the pneumoperitoneum pressure to tamponade the bleeding and apply direct pressure with a laparoscopic sponge. I call for additional help from a senior colleague and the anaesthetist, keeping them informed. If bleeding persists, I convert to an open procedure to gain better control. Throughout, I monitor the patient's vital signs and communicate with the anaesthetist. After the procedure, I document the event and review the case at our morbidity and mortality meeting to improve future practice.”

4. How do you stay current with advances in urological practice, such as new robotic techniques or guidelines?

Why they ask

Assesses your commitment to ongoing learning and professional development.

How to structure your answer

Describe the specific activities you undertake and how you measure their impact on your practice.

Example answer

“I stay current by reading major urology journals such as the BJU International and European Urology, attending the annual scientific meeting of the Royal Australasian College of Surgeons and urology-specific conferences. I also participate in peer review and morbidity and mortality meetings, and I regularly review guidelines from the European Association of Urology and the American Urological Association. I have completed additional training in robotic surgery and I mentor registrars in new techniques. I measure impact by tracking my surgical outcomes and patient feedback.”

5. Describe your experience with multidisciplinary team collaboration in urology.

Why they ask

Evaluates your ability to work effectively with other healthcare professionals.

How to structure your answer

Use the STAR method to describe a specific example of teamwork.

Example answer

“In my current role, I work closely with medical oncologists, radiation oncologists, radiologists and specialist nurses in our urology multidisciplinary team. For example, we recently managed a complex

case of metastatic prostate cancer where I coordinated the surgical input while the oncologist planned systemic therapy. I ensured clear communication by leading weekly team meetings and using shared electronic medical records. The result was a streamlined treatment plan that the patient understood and felt supported by. This approach led to better coordination and fewer delays in care."

6. What is your approach to managing a patient with recurrent urinary tract infections who has not responded to first line treatments?

Why they ask

Assesses your clinical approach to chronic conditions and patient education.

How to structure your answer

Walk through your step-by-step approach, from assessment to investigation and management.

Example answer

"For a patient with recurrent urinary tract infections that have not responded to first line treatments, I start by taking a detailed history and reviewing previous culture results. I perform a thorough examination and arrange investigations such as urine culture, ultrasound or cystoscopy to rule out structural abnormalities. I then consider alternative diagnoses and adjust antibiotic therapy based on sensitivities. I also address lifestyle factors and provide education on prevention. I arrange follow up to monitor response and adjust the plan as needed, ensuring the patient feels heard and supported throughout."