

RANZCOG Trainee Selection

Sample Interview Questions

Applicants for the RANZCOG Training Program may use the following sample interview questions to practice at their own discretion.

Question	Potential points of discussion
What do you think are four key professional characteristics of a specialist Obstetrician Gynaecologist, and how do you demonstrate these?	<p>Professional characteristics may include:</p> <ul style="list-style-type: none"> • Interest in women's health • Trustworthiness • Good communication skills • Good collaborative skills • Empathy and sensitivity • Coping skills and patience • Physical dexterity • Health advocate for women <p>Demonstration of these traits may vary (clinical experience/examples, extra-curricular activities etc)</p>
Do you believe that having an elective caesarean, purely for maternal choice, is appropriate or not? Whatever you believe, please can you justify your position?	<p>Do not support</p> <ul style="list-style-type: none"> • Best outcome for mother and baby is uncomplicated vaginal birth (although no RCCT). • Reduces the risk of future praevia/acretta and avoids complications of surgery and recovery time. • Not cost effective (or is it). • Seeding for baby (could swab). <p>Support</p> <ul style="list-style-type: none"> • Reduces the increased risks of an emergency LSCS (which will occur in approximately 30% of nulliparous women) and risk of OASIS tear. • Avoids theoretical prolapse risk (unproven) • Women's choice and autonomy
Obstetrics and gynaecology can be stressful. It can be busy with more than one high stake emergency happening at a time and outcomes are not always good. How do you cope?	<ul style="list-style-type: none"> • Thrive on working hard and providing a service for women. • Aware of limitations and seeking help. • Reading to ensure knowledge. • Feedback and monitoring performance. • Talk with colleagues (mentor), family, friends, counsellor. • Health and wellbeing (exercise, mindfulness, meditation etc). • External hobbies.

<p>You are working in a busy antenatal clinic and seeing a patient at 28 weeks. As you review the results of previous investigations done during the pregnancy you notice that a key abnormal finding on a test requested some weeks ago by one of your colleagues does not appear to have been followed up or discussed with the patient. It is likely that the delay in acting on the result could have a significant adverse impact on the outcome of the pregnancy. What would you do in this situation?</p>	<ul style="list-style-type: none"> • Ask the patient if she has had any follow up of the investigation that may not have been documented. • Ensure that the pregnancy now seems to be progressing normally and that there are no immediate concerns. • Explain to the patient that the result of the investigation may not have been actioned, and that some follow up will be required, and offer a simple apology. • Discuss with Registrar or Consultant about the implications of the missed test and develop an agreed plan that is communicated to the patient. • Document the plan and organise relevant investigations. • Organise appropriate follow up visits. • Inform the patient's GP.
<p>You are an obstetric Resident Medical Officer in your 3rd postgraduate year of Medicine working with a second year RANZCOG trainee. You think that they are increasingly flat in their mood, are often self-critical and are becoming somewhat withdrawn. You try to approach the junior RANZCOG trainee to enquire about their well-being but are curtly rebuffed. What would you do in this situation?</p>	<ul style="list-style-type: none"> • Ask other staff members if they have any concerns about the Registrar. • Mention your concerns to the Senior Registrar or Consultant who is the Registrar's Training Supervisor • Talk to the Trainee Support line at the College and ask for their advice. • Continue to observe the Registrar unobtrusively and escalate any further concerns. • Do not harass the Registrar or try to be over-friendly. • Suggest that the O&G Dept have a social get together and make a point of inviting the Registrar and ensuring that they are not on call at the time.
<p>You are called to the postnatal ward to see a woman day 2 post elective caesarean section. She has a fever. How would you approach the situation?</p>	<ul style="list-style-type: none"> • Talk to midwife caring for her to get a full history. • Review her notes. • Consider PPE and isolation. • Take a history including MoH COVID - 19 • Consider septic six. • Consider differential diagnosis. • Full examination • Basic investigations: FBC, CRP, U&E, lactate, blood cultures, MSU, naso-pharyngeal swab • Further investigations/ management based on findings.
<p>You are seeing a 35-year-old woman in the antenatal clinic referred by her midwife as this is an IVF pregnancy. It is her first baby. She is keen to have a home birth and has no apparent risk factors. How would you counsel her?</p>	<ul style="list-style-type: none"> • Ask if she has any medical problems. • Ideally a 3-way discussion including her midwife. • Ensure she knows the difference in facilities when compared with a hospital – theatre, neonatal team, epidural availability. • Chance of needing transfer to hospital (ascertain how far away she lives) • Encourage her to have an open mind to help avoid disappointment.
<p>Simulation has an increasing role in healthcare.</p> <p>What do you think should be the place of simulation in RANZCOG's Fellowship training program?</p>	<ul style="list-style-type: none"> • Achieving competency without creating patient safety issues • With decreasing surgical numbers, provides an opportunity for alternative ways of learning. • Simulation promotes team training. • Simulation promotes communication skills. • Access to training that can't be provided by live operating. • Address the issue of reduced gynaecological operating opportunities.

<p>Poor communication is recognised as a major factor in sentinel events in hospitals and the most common cause of complaint about health care.</p> <p>What do you think the key areas are where lack of appropriate communication put patients at most risk?</p>	<ul style="list-style-type: none"> • Communication is critical to patient safety. • Patient identification and procedure matching • When patient's care is transferred within a hospital, between teams, transferred between hospitals or on discharge. • When critical information or risks emerge or change during care • Provision of accurate contemporaneous documentation • Clinical handover • Language barriers and insufficient use of interpreters • Cultural and religious awareness • Poor continuity of care • Lack of consultant-led debrief after sentinel events/emergencies.
<p>You are the acting registrar halfway through your first week of nights on delivery suite at your hospital. The consultant on call is at home 30-minute drive away.</p> <p>You are asked to review a woman who has been on Syntocinon and has been pushing for an hour with no signs of progress.</p> <p>On examination the head is in OP position at the spines. As you are assessing her there is a prolonged bradycardia to 80 which has not recovered after 3 minutes.</p> <p>Describe your actions from here.</p>	<ul style="list-style-type: none"> • Communicate plan to anaesthetist, paediatrician, theatre staff. • Stop the Syntocinon • Continue the CTG • Contact the consultant on call or ask another team member AND ask them to attend. • Reposition the mother. • Start IV fluids. • Give tocolytic. • Arrange 'Code' transfer to theatre. • (Verbal) Consent for trial of instrumental delivery
<p>You are working as a rural generalist obstetrician in a small country town 300 kms from the Base Hospital.</p> <p>The local paramedics ask you to give them a talk about the safest way to manage transfers between your hospital and the base hospital.</p> <p>What do you think are the key points to get across to them and how will you do it?</p>	<ul style="list-style-type: none"> • Emphasis on good interdisciplinary communication • Use of available resources • Liaise with state-based retrieval services. • Use of simulated training for emergency scenarios • Encourage paramedics to attend births on the unit to upskill. • Awareness of baseline knowledge of paramedics • Assess learning needs. • Establish learning outcomes. • Consider a multi-disciplinary viewpoint. • Problem-based learning exercise • Get integration and involvement from learners. • Consider delivering talk via Tele-health.

The following questions and points of discussion are to be used as a guideline only.

Version	Date of Version	Pages revised/Brief Explanation of Revision
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