

Doctor Job Interview Questions And Answers



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Doctor Interview Questions And Answers Guide.

Question - 1:

Do you know who is Doctor?

Ans:

A physician is someone who practices medicine to treat illnesses and injuries.

Physicians go to medical school to be trained. They typically hold a college degree in medicine. Physicians once made house calls to treat patients at home, but now mostly see patients in their offices or in hospitals. Physicians may also work for schools, companies, sports teams, or the military. Physicians are often assisted by nurses or other staff.

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Question - 2:

How doctor treat patients?

Ans:

Physicians treat patients by diagnosing them, or figuring out what is wrong. When Physicians diagnose a patient, they begin by asking questions about the patient's symptoms such as fever, headache, or stomach ache. They may ask other questions about things like past illnesses or family members who have been sick. They will then examine the patient, often looking at different parts of the body and listening to the heart and lungs with a stethoscope. Sometimes they may need to collect blood, use an x-ray machine, or use other tools to look for things they cannot see when examining the patient. Usually, when they have gathered enough information, a doctor can make a diagnosis and then prescribe a treatment. Often they prescribe drugs.

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Question - 3:

Who is a specialists doctor?

Ans:

Some doctors specialise in a certain kind of medicine. These physicians are called specialists. They may only treat injuries to a certain part of the body, or only treat patients who have certain diseases. For example, there are physicians who specialise in diseases of the stomach or intestines. Other physicians are "general practitioners" or "family practitioners". This means that they do a little bit of everything. They try to deal with as much of a patient's health problems as they can without sending them to a specialist. A doctor who performs surgery is called a surgeon.

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Question - 4:

How communication skills help patient?

Ans:

Once a patient begins developing trust in a doctor, the chances of him/her recovering increases as his/her confidence in the doctor goes up and s/he begins to believe that s/he can recover.

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Question - 5:

Why doctors should learn communication skills?

Ans:

Communication skills play a major role in developing patient-doctor relationship. And miscommunication could lead to clashes with relatives/friends of patients over care given to the latter.

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Question - 6:

What is Venous thrombosis?

Ans:

There are numerous extra-gastrointestinal manifestations of inflammatory bowel disease that occur in both ulcerative colitis and Crohn's disease, such as uveitis, conjunctivitis, arthritis, pyoderma gangrenosum and erythema nodosum. Some occur primarily in Crohn's, such as gallstones and renal stones due to the area of bowel



affected, while patients with ulcerative colitis are more likely to develop primary sclerosing cholangitis and venous thromboses.

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Question - 7:

What is Azathioprine?

Ans:

Azathioprine takes a number of months to exert its anti-inflammatory effect and therefore has a limited role in the acute management of Crohn's disease, though it can be started at the time of an acute flare of Crohn's.

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Question - 8:

What is Bendroflumethiazide?

Ans:

Treatment of hypercalcaemia can include fluid rehydration, loop diuretics, bisphosphonates, steroids, salmon calcitonin and chemotherapy. In clinical practice intravenous fluids are the first-line agent used to treat hypercalcaemia, both rehydrating the patient and helping to lower the calcium levels. This is combined with the co-administration of bisphosphonates such as pamidronate, which exert their maximal effect 5-7 days after administration.

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Question - 9:

What is Ceftriaxone?

Ans:

A cephalosporin such as ceftriaxone is first-line treatment in patients with streptococcal meningitis. Benzylpenicillin would be more appropriate if *Neisseria meningitidis* was suspected.

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Question - 10:

What is Anti-Histone antibody?

Ans:

In drug-induced SLE anti-histone antibody is present in 90% of patients, although this is not specific for the condition. Anti-nuclear antibody is positive in 50% of patients as opposed to 95% of patients with idiopathic SLE.

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Question - 11:

What is C-reactive protein?

Ans:

In SLE the erythrocyte sedimentation rate is classically raised while C-reactive protein levels can stay normal and therefore CRP is also not as useful as the other investigations to monitor disease activity and progression.

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Question - 12:

What are the parameters of life-threatening asthma?

Ans:

- * Peak expiratory flow rate of < 33% of best or predicted
- * Silent chest
- * Exhaustion
- * Hypotension
- * Bradycardia
- * Coma
- * Rising PaCO₂

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Question - 13:

What are the parameters for diagnosing a severe asthma attack are?

Ans:

- * Peak expiratory flow rate of between 30% and 50% of expected
- * Respiratory rate greater than 25 breaths/minute
- * Tachycardia: heart rate > 100 beats per minute
- * Inability to complete sentences with one breath

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Question - 14:

What is terbutaline 10 mg nebulised

Ans:

In the management of asthma, patients should be sitting upright in bed and receiving 100% oxygen. Salbutamol is given at a dose of 5 mg nebulised, not 500



micrograms. Ipratropium bromide and steroids should then be considered.

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Question - 15:

Medical Abbreviations part 19:

Ans:

- * TFTs - thyroid function tests
- * U - units
- * UC - ulcerative colitis
- * V/Q - ventilation/perfusion
- * WCC - white cell count

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Question - 16:

Medical Abbreviations part 18:

Ans:

- * RBBB - right bundle branch block
- * SIADH - syndrome of inappropriate ADH secretion
- * SLE - systemic lupus erythematosus
- * STEMI - ST-elevation myocardial infarction
- * STD - sexually transmitted disease

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Question - 17:

Medical Abbreviations part 17:

Ans:

- * p.r.n. - pro re nata
- * PSA - prostate-specific antigen
- * PSC - primary sclerosing cholangitis
- * PSGN - post-streptococcal glomerulonephritis
- * RAS - renal artery stenosis

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Question - 18:

Medical Abbreviations part 16:

Ans:

- * PaO₂ - partial pressure of oxygen
- * PCA - patient-controlled analgesia
- * PCI - primary coronary intervention
- * PCP - Pneumocystis carinii pneumonia
- * PCR - polymerase chain reaction

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Question - 19:

Medical Abbreviations part 15:

Ans:

- * NICE
- 1) Formerly: National Institute for Clinical Excellence
- 2) Currently: National Institute for Health and Clinical Excellence
- * NMDA - N-methyl-D-aspartate
- * NSAIDs - non-steroidal anti-inflammatory drugs
- * NSTEMI - non-ST-elevation myocardial infarction
- * PaCO₂ - partial pressure of carbon dioxide

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Question - 20:

Medical Abbreviations part 14:

Ans:

- * MRI - magnetic resonance imaging
- * MRSA - methicillin-resistant Staphylococcus aureus
- * MSH - melanocyte-stimulating hormone
- * NAC - N-acetylcysteine
- * NG - nasogastric

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Question - 21:

Medical Abbreviations part 13:



Ans:

- * LFT - liver function test
- * LTOT - long-term oxygen therapy
- * MCV - mean cell volume
- * MHC - major histocompatibility complex
- * MMSE - mini mental state examination

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Question - 22:

Medical Abbreviations part 12:

Ans:

- * J - joules
- * JVP - jugular venous pressure
- * LBBB - left bundle branch block
- * LDH - lactate dehydrogenase
- * LDL - low-density lipoprotein

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Question - 23:

Medical Abbreviations part 11:

Ans:

- * HONKC - hyper-osmolar non-ketotic coma
- * HSP - Henoch-Schlein purpura
- * HUS - haemolytic uraemic syndrome
- * IV - intravenous
- * IVDU - intravenous drug user

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Question - 24:

Medical Abbreviations part 10:

Ans:

- * HAART - highly active antiretroviral treatment
- * hCG - human chorionic gonadotrophin
- * HDL - high-density lipoprotein
- * HDU - High-Dependency Unit
- * HLA - human leukocyte antigen

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Question - 25:

Medical Abbreviations part 9:

Ans:

- * G6PD - glucose-6-phosphate dehydrogenase
- * GCS - Glasgow coma scale
- * GFR - glomerular filtration rate
- * GORD - gastro-oesophageal reflux disease
- * GTN - glyceryl trinitrate

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Question - 26:

Medical Abbreviations part 8:

Ans:

- * FEV1 - forced expiratory volume in 1 second
- * FFP - fresh frozen plasma
- * FH - familial hypercholesterolaemia
- * Fi(O)2 - fraction of inspired oxygen
- * FVC - forced vital capacity

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Question - 27:

Medical Abbreviations part 7:

Ans:

- * DVT - deep vein thrombosis
- * ERCP - endoscopic retrograde cholangiopancreatography
- * ESR - erythrocyte sedimentation rate
- * F1 - Foundation year 1 doctor
- * F2 - Foundation year 2 doctor

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**Question - 28:**

Medical Abbreviations part 6:

Ans:

- * CPAP - continuous positive airway pressure (ventilation)
- * CPR - cardiopulmonary resuscitation
- * CRP - C-reactive protein
- * CSF - cerebrospinal fluid
- * dsDNA - double-stranded DNA

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Question - 29:

Medical Abbreviations part 5:

Ans:

- * CDT - Clostridium difficile toxin
- * CIN - cervical intraepithelial neoplasia
- * CLL - chronic lymphocytic leukaemia
- * COMT - catechol-O-methyltransferase
- * COPD - chronic obstructive pulmonary disease

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Question - 30:

Medical Abbreviations part 4:

Ans:

- * BCG - bacille Calmette-Guerin
- * BHL - bilateral hilar lymphadenopathy
- * BMI - body mass index
- * BNP - B-type natriuretic peptide
- * CEA - carcinoembryonic antigen

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Question - 31:

Medical Abbreviations part 3:

Ans:

- * AMT - abbreviated mental test
- * ANA - antinuclear antibody
- * ANCA - anti-neutrophil cytoplasmic antibody
- * APACHE - acute physiology and chronic health evaluation
- * AST - aspartate aminotransferase

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Question - 32:

Medical Abbreviations part 2:

Ans:

- * ADH - antidiuretic hormone
- * AFB - acid-fast bacilli
- * AIDS - acquired immunodeficiency syndrome
- * ALP - alkaline phosphatase
- * ALT - alanine aminotransferase

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Question - 33:

Medical Abbreviations part 1:

Ans:

- * AF - atrial fibrillation
- * aFP - alpha-fetoprotein
- * ABG - arterial blood gas
- * ACE - angiotensin-converting enzyme
- * ACTH - adrenocorticotrophic hormone

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Question - 34:

How many childrens affected with asthma in UK?

Ans:

Asthma affects over 5 million individuals in the UK. Approximately 1 million children are affected.

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**Question - 35:**

Can medication is known to cause hypokalaemia?

Ans:

The medication is most likely to be a selective 2-agonist such as salbutamol, which leads to a tremor, palpitations, headaches and hypokalaemia at high doses. Washing the mouth after administration of inhaled steroids is recommended, no matter what dose is given. Atrovent is the trade name for ipratropium bromide, which is more useful in chronic obstructive pulmonary disease than in asthma, although it can be used in an acute asthma attack.

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Question - 36:

Patient feeling randomly sick with headaches. What could it be?

Ans:

Persistent headaches are not something that can be ignored, as this could be your body trying to send you a signal that there is something wrong. Often, the history and description of the headache can be quite helpful as you attempt to determine what is the cause of your headaches so that you can know how to get better. If your headaches are associated with certain movements, activities, foods, or other triggers, then this can serve as a clue to you and your doctor to help you feel better. If, on the other hand, your symptoms are somewhat predictable and come on in the same way, then it is also possible to use this information to diagnose the type of headache, which then gets you closer to getting some help with your pain and other symptoms. Migraines are classically associated with light sensitivity, nausea and vomiting, and intractable and incapacitating pain. People with migraines may have a family history of them, and they may have an aura, or symptoms that routinely come before the headache and let them know it is coming.

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Question - 37:

Why should be pain in neck?

Ans:

There are times that infections can happen in the neck, and these infections can be very serious because of the number of important structures that run through the neck. Some of these include nerves that are relevant to moving some of the muscles of your upper extremities, and others are the very important arteries and veins that run through your neck to and from your head. Often, if people have an infection, they will also have symptoms of an infection, such as a high fever, swelling, redness, etc. These can be more common in those with a history of injecting drugs, as this allows serious and dangerous bacteria direct access to the rest of the body through the arteries and veins. If it has been a while since your last injection, then it may make an infection less likely. Swelling and pain can also happen from muscle spasms that come with poor posture or increased exertion out of the norm. There are also some other possible explanations.

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Question - 38:

Why do in some cases patients feel chest, neck and hands flush?

Ans:

Certainly the thought of carcinoid syndrome is something that crosses the mind in hearing about your symptoms. That is, however, a rather rare process that would be unusual for most people to have. In such a situation, it is good to describe your symptoms and your concerns to your doctor so that he or she can test for the possibility of something as serious or as rare as that condition. There are many other possible explanations, however, many of which are much more common. It is not unusual for some people to have changes of flushing and some of the other feelings that you describe when they are in stressful or unusual situations. Some of this can sometimes be understood in context of the response that some people have to loud noises or fright, ie, they can faint. This reaction is one extreme on the spectrum of a vagal reaction that can occur in some. On a less extreme note, other can have some of the same symptoms you describe without having something as notable as a syncopal episode. There are often things that can be done to help.

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Question - 39:

Suppose if a patient have abnormal blood on his underwear how you deal?

Ans:

Abnormal bleeding can have many different causes, but you have provided some valuable information. First, we have to clarify where exactly the bleeding is coming from. While vaginal bleeding is perhaps the most likely, both the urinary tract and the GI tract can also be a source of bleeding. Either of those would have different causes and explanations, with infections and small sources of bleeding such as hemorrhoids being among the most common reasons for abnormal or untimely bleeding. With regards to vaginal bleeding, there is a clue that is suggested by the fact that the blood is bright red in color. In general, this can reflect fresher blood that has not started to be broken down. It may also suggest blood that is coming from a source further down the vaginal tract, although that is not necessarily true. There are different conditions that can affect the vaginal or uterine lining and are common explanations for symptoms such as you describe. There are also tumors that can result in abnormal bleeding, and these tumors can be both benign and malignant.

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Question - 40:

Suppose if patient have unbearable neck to shoulder pain only while on his period. What could it be?

Ans:

This is a somewhat interesting phenomenon that will take more visits to your doctor to help explain. Your OB/GYN is likely a good place to start, as he or she will be best positioned to help sort out the hormonal element to your symptoms. Another option might be a neurologist or spine surgeon, either of which may be able to help with your symptoms at the level of your neck. An ear nose and throat surgeon may offer some other insight that could be helpful. Whichever you choose, the approach to your problem will likely be different. Primary care and medical doctors are more likely to use lab work and your symptoms to help arrive at an answer, and may use medications empirically to see what helps to make you better. A surgeon, on the other hand, is more likely to listen to your symptoms, complete an exam, and recommend imaging and other anatomic studies that can help to determine what is causing your symptoms. The pain may have a component of something that changes on a monthly basis with your menstrual cycle. This could be a swelling, or even something as simple as a change in the blood flow.

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Question - 41:



Suppose if patient having chronic neck pain for 4 days. Medication and RMT massage have done nothing, pain is 10/10 now. What could it be?

Ans:

It is not normal for pain to become so severe and fail to respond in any way to conservative therapy, and so your doctor should discuss this with you in more detail to make sure that there is nothing serious that is causing your symptoms. Neck and muscle spasms can be common in some people with a history of c spine injury or trauma, and can be severe and debilitating. They should not be a new onset symptom for most people, however, unless you have had some precipitating event. Massage and things to help the muscles relax is often a great idea to help with some of the mild aches and pains that we can have from time to time, and the fact that you had no improvement is worrisome. Your doctor may entertain other possible explanations for this pain in addition to trauma and misuse injuries. He or she may decide it is important to get some imaging and complete a physical exam looking for things that might be amiss. Shooting pain can be a concern for nerve injury.

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Question - 42:

Suppose if I am patient of acid reflux, how can I get rid off?

Ans:

Fortunately, there are things that can be done to help with reflux. The most obvious answer is some of the many medications that are available to help reduce stomach acid. Some of the least expensive and most effective are even available over the counter, but should be used after discussing your symptoms with your doctor. There are some medications, such as ranitidine and other anti histamine medications (H2 blockers as they are sometimes called), that can be very effective for many people and have a very mild side effect profile. They are most effective when taken as directed, and the efficacy does tend to decrease if they are not timed appropriately with regards to the meals. Other excellent medications are those that are known as proton pump inhibitors, or PPIs, which can be even more effective. The over the counter doses are effective for most people, but in severe cases prescription strength doses can also be used. These medications also have relatively mild side effects, but should be discussed with your doctor. In addition to these medications, lifestyle changes should be tried before any medications. These can be found suggested in many places. Please speak with your doctor.

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