Allied Health Assistant interview questions

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What to expect

Interviews for Allied Health Assistant roles are usually run by a supervising allied health professional, a practice manager or a clinical team leader, sometimes with a second panel member from another discipline. The panel is checking two things at once: that you can carry out delegated therapy tasks safely and accurately, and that you understand where your role stops and a clinician's begins. Expect a mix of practical, scenario and boundary questions rather than abstract corporate ones.

- **Practical and process:** Questions about how you set up, run and pack down a session, and how you keep equipment and treatment areas ready between patients.
- **Behavioural:** Tell me about a time questions probing how you have handled an unwell or distressed patient, a change in condition, or a busy caseload.
- **Scenario and judgement:** A short situation is described and you are asked what you would do, usually testing safety, escalation and calm decision making under pressure.
- **Scope of practice and supervision:** Questions about working under direction, what you would do if asked to go beyond your training, and how you communicate with the supervising clinician.
- **Client-facing and communication:** Questions about working with patients, families and other staff, including people who are anxious, in pain or from culturally diverse backgrounds.
- **Documentation and organisation:** How you record progress notes, manage several patients in a day, and hand over observations accurately.

Most interviews start with a brief introduction to the service and the team, then move into questions about your training, your previous supervised work and your availability. The middle section usually covers two or three scenarios or behavioural questions, sometimes with a walk-through of a task such as setting up a gait aid or running a group activity. Many panels finish by asking about your understanding of supervision and mandatory checks such as first aid, police check and NDIS Worker Screening. You are normally invited to ask questions at the end, so have one or two ready about caseload, supervision structure or professional development.

1. Walk me through how you prepare for and run a therapy session, from getting the room ready to writing it up.

Why they ask

The panel wants to see that you understand the full cycle of a delegated session and that you do not treat preparation and documentation as optional extras.

How to structure your answer

Give a chronological walk-through with four clear stages: check the plan and the patient, prepare the area and equipment, run the session as prescribed and observe throughout, then document and hand over. Name what you check at each stage rather than speaking in general terms.

Example answer

“First I check the therapist's plan for the patient, so I know the exercises, any precautions and what to watch for that day. Then I set up the area: clear the floor, wipe down the plinth and equipment, get out the gait aid or bands we need, and check the patient's file so I know their baseline. When the patient arrives I greet them, check how they are feeling and whether anything has changed since last time, then work through the program as prescribed, prompting technique and watching for fatigue, pain or dizziness. If something changes I stop and check with the therapist before continuing. Straight after the session I write my notes in Cliniko while it is fresh, recording what we did, how the patient managed and anything I noticed, and I tell the supervising therapist directly if there is something they

need to know before their next contact."

2. Tell me about a time you noticed a change in a patient's condition during a session. What did you do?

Why they ask

This tests whether you escalate appropriately rather than pushing on, and whether you can describe your observation clearly to a clinician.

How to structure your answer

Use STAR. Set the situation and the patient's baseline, describe what you noticed and how you responded in the moment, explain how you escalated, and finish with what happened next and what you took from it.

Example answer

"I was running a mobility circuit with an older patient who had been managing well with a frame. About halfway through I noticed she was more short of breath than usual, her grip on the frame had loosened and she was slower to respond to my prompts. I stopped the session immediately, sat her down, checked how she was feeling and stayed with her. I called the physiotherapist over rather than continuing, and gave her the specifics: what we had done, when the change started and what I had observed. The therapist took over and arranged for observations, and the patient was reviewed later that day. After that I made a point of writing my observations in the notes as soon as a session ended, because the therapist told me that level of detail was what helped them act quickly."

3. A patient becomes upset mid-session and refuses to continue their exercises. How would you handle it?

Why they ask

This is a judgement-under-pressure scenario. The panel is looking for safety, de-escalation and knowing when to bring in the clinician.

How to structure your answer

Work through it in the moment: stop and make the person safe and comfortable, acknowledge how they are feeling without arguing, find out what is behind the refusal if they want to talk, then decide whether to adapt within your delegated plan or hand back to the clinician. Close with what you would record and report.

Example answer

"I would stop the exercise straight away and make sure the patient is safe and comfortable, sitting down if that helps. I would not push or argue, because that usually makes things worse. I would acknowledge that the session is hard or that something has changed, and ask an open question like whether the exercise is hurting or whether today just is not the day. If it turns out to be something small, like the position being uncomfortable, I can adjust within what the therapist has approved. If the distress is about pain, fear or something outside my scope, I would pause the session, let the therapist know what happened and let them decide the next step. Either way I would document it clearly, including what the patient said and what I did, so the treating clinician has the full picture before their next contact."

4. What would you do if a patient's family member asked you for advice about changing their treatment plan?

Why they ask

Scope of practice questions come up in almost every Allied Health Assistant interview. The panel needs to hear that you are warm with families but clear about your limits.

How to structure your answer

Answer in three parts: how you would respond to the person in the moment, why you cannot give that advice, and how you would make sure the right clinician follows it up.

Example answer

“I would listen properly and thank them for raising it, because families often just want to be heard. Then I would be honest that I work under the treating therapist's direction and that changes to the plan are not my call. I would offer to pass their question on to the therapist directly and let them know when they can expect to hear back. If it were urgent, I would raise it with the therapist the same day rather than waiting. I would also note the conversation in the patient's file so the therapist has the context. Being clear about that boundary protects the patient and keeps the family's concern in the right hands.”

5. You are running a group session and one participant needs extra help while the rest of the group keeps going. What do you do?

Why they ask

Group therapy support is a core part of the role, and the panel wants to know you can manage competing needs without losing safety.

How to structure your answer

Describe how you would triage: keep the whole group safe first, decide whether the group can continue without you for a moment, bring in help if it is available, then adjust the activity so the person needing support can still take part. Finish with what you would report afterwards.

Example answer

“My first priority is that nobody in the group is left unattended in an unsafe position. If the person needing help can be moved to a seat or a supported position quickly, I would do that and give the rest of the group a simple, safe activity they can continue with, like repeating a set they already know. If the person's needs are beyond that, I would ask a colleague to step in or pause the group and let the supervising therapist know. I would rather pause the session than stretch myself across both. Once things settle, I would look at whether the activity can be adapted so that participant can join in at their own level next time, and I would feed that back to the therapist so it goes into the plan.”

6. How do you keep your progress notes accurate when you are seeing several patients in a day?

Why they ask

Documentation quality is a consistent weak point in assistant caseloads, and the panel is checking whether you can be relied on without constant follow-up.

How to structure your answer

Explain your system rather than just your good intentions: when you write notes, what you include, how you handle a busy run, and what you do when something needs escalating.

Example answer

“I write my notes at the end of each session rather than saving them all for the end of the day, because the detail fades quickly. I keep to a consistent structure: what we did, how the patient managed, anything I observed and anything I flagged to the therapist. If I am running behind and cannot write a full note straight away, I jot the key facts on my session sheet and finish the note before I leave the building. Anything that needs the therapist's attention before their next contact I raise in person or by message the same day rather than relying on them reading the file. I also check back over my notes at the end of the day to make sure nothing has been missed or recorded against the wrong patient.”