Anaesthetic Technician interview questions

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What to expect

Interviews for Anaesthetic Technician roles usually involve a panel with an anaesthetist and a nurse manager or theatre coordinator. They want to see that you can prepare equipment reliably, communicate clearly under pressure and follow safety protocols.

- **Technical:** Questions about anaesthetic machines, monitors, airway equipment and medication preparation.
- **Process:** Walk-throughs of your pre-operative checks and between-case cleaning routines.
- **Behavioural:** Past examples of teamwork, patient monitoring and handling equipment issues.
- **Scenario:** Judgement questions about equipment failure, difficult airways or urgent requests.
- **Safety:** Infection control, sterilisation standards and medication safety.
- **Client-facing:** How you communicate with patients and families during a stressful procedure.

Typically a phone screen with a recruiter, then a panel interview with clinical staff. Some employers include a practical assessment where you set up an anaesthetic machine or difficult airway trolley while explaining your steps.

1. Walk me through your process for setting up an anaesthetic machine before a theatre list.

Why they ask

This checks your routine, thoroughness and knowledge of machine checks.

How to structure your answer

Start with power and gas supply, then self-tests, circuit and airway checks, monitor calibration and documentation. Finish with what you do if something fails.

Example answer

“First I check the machine is plugged in and the battery is charged. Then I turn on the gas supply and run the automated self-test. I check the breathing circuit for leaks, make sure the soda lime is fresh, and test the scavenging system. I calibrate the physiological monitor and check the cuff pressure gauge. I set up the difficult airway trolley and confirm the video laryngoscope is working. Finally I document the check on the theatre management system. If any step fails, I tag the machine out of service and get a replacement before the list starts.”

2. Tell me about a time you noticed a change in a patient's vital signs and how you responded.

Why they ask

Assesses your observation skills and escalation under pressure.

How to structure your answer

Use STAR: Situation, Task, Action, Result. Focus on what you saw, what you did and the outcome.

Example answer

“During an orthopaedic case, I was monitoring the patient's vital signs and noticed their blood pressure dropping steadily over a few minutes. I immediately told the anaesthetist, who asked me to increase the IV fluid rate and prepare a vasopressor. I checked the monitor leads were secure and confirmed the reading with a manual cuff. The anaesthetist adjusted the anaesthetic depth and the blood pressure stabilised. The patient remained stable for the rest of the surgery and recovered well in PACU.”

3. You are assisting during a difficult intubation and the anaesthetist asks for the video laryngoscope, but it is not working. What do you do?

Why they ask

Tests your problem solving and ability to stay calm in a critical moment.

How to structure your answer

Acknowledge the problem, offer an alternative, act quickly and communicate clearly.

Example answer

"I would tell the anaesthetist straight away that the video laryngoscope is not working. I would immediately hand them the standard laryngoscope from the difficult airway trolley and check if the blades are the right size. At the same time, I would ask the circulating nurse to bring the backup video laryngoscope from the equipment room. If the anaesthetist needs a bougie or alternative airway, I would have that ready. My priority is to keep the airway secure and support the anaesthetist without delay."

4. How do you ensure infection control when preparing and restocking anaesthetic equipment between cases?

Why they ask

Infection control is a core safety requirement in theatre.

How to structure your answer

Outline standard precautions, cleaning agents, sterilisation standards and documentation.

Example answer

"I follow the ACORN standards and AS/NZS 4187 for reprocessing. I wear gloves and a gown when handling used equipment. I wipe down the anaesthetic machine and monitors with the approved disinfectant, making sure to cover all high-touch surfaces. I discard single-use items and send reusable airway equipment to sterilising services. When restocking, I check expiry dates and seal integrity. I document the clean on the theatre management system so the next case starts with a verified clean machine."

5. Describe a time you had to communicate with an anxious patient or family member about what to expect during anaesthesia.

Why they ask

Anaesthetic technicians often interact with patients and families before surgery.

How to structure your answer

Show empathy, clear explanation, check understanding and respect privacy.

Example answer

"I was preparing a patient for a day surgery procedure and they were very nervous about the anaesthetic. I introduced myself and explained that I would be setting up the equipment and that the anaesthetist would be with them shortly. I reassured them that the monitoring was routine and that they would be looked after. I asked if they had any questions and I listened. I then let the anaesthetist know the patient was anxious so they could spend extra time. The patient calmed down and the induction went smoothly."

6. What do you do if you disagree with a decision made by the anaesthetist?

Why they ask

Tests professional judgement, communication and patient safety focus.

How to structure your answer

Be respectful, clarify the concern, escalate if needed and follow the chain of command.

Example answer

“I would first ask the anaesthetist to clarify their decision so I understand the reasoning. If I still had a concern about patient safety, I would raise it calmly and directly, for example saying I am worried about the medication dose or the equipment setup. If the anaesthetist confirmed their decision and it was not a safety risk, I would follow it and document it if needed. If I believed it was an imminent safety risk, I would escalate to the theatre nurse manager or the anaesthetist in charge. Patient safety always comes first.”