# Cardiac Technician interview questions

careertips.com.au: common questions and what they're really testing

## What to expect

Cardiac technician interviews blend technical checks with patient-facing scenarios. Employers want to know you can run tests safely, handle equipment, and communicate with people who may be anxious or unwell.

- **Technical and equipment:** Questions about ECG machines, Holter monitors, stress test protocols, and troubleshooting common artefacts or faults.
- **Patient communication:** How you explain procedures, calm nervous patients, and confirm understanding without using jargon.
- **Safety and infection control:** Your approach to hand hygiene, standard precautions, and NSQHS standards in a diagnostic setting.
- **Scenario and judgement:** What you do when a patient deteriorates, a rhythm looks wrong, or equipment fails mid-test.
- **Behavioural and teamwork:** Examples of supporting cardiologists, nurses, and other technicians when the unit is under pressure.

Usually a phone screen with a recruiter or cardiac unit manager, then a panel interview with a senior cardiac technician and a cardiologist or nurse unit manager. Some employers include a short practical demonstration on an ECG machine or Holter setup. You may also tour the department and meet the team.

## 1. Walk me through how you prepare a patient for an exercise stress test, from calling them in to the end of the test.

**Why they ask**

This tests your procedural knowledge, patient care, and ability to follow safety protocols under time pressure.

**How to structure your answer**

Process walk-through. Start with checking the request form and patient identity, then explain the test, prepare skin, apply electrodes, record baseline, run the protocol, monitor vitals and symptoms, stop when indicated, and document.

**Example answer**

*“First I check the request form and confirm the patient's identity and consent. I explain the test in plain language: what they will feel, how long it takes, and that they can ask me to stop. I prepare their skin, apply the electrodes, and record a baseline ECG and blood pressure. During the test I increase the treadmill speed and incline according to the protocol, watching their rhythm, blood pressure, and how they look. I ask about chest pain, dizziness or breathlessness every few minutes. When they reach target heart rate or show symptoms, I stop the test, keep them monitored during recovery, and document the whole trace and my observations for the cardiologist.”*

## 2. Tell me about a time you had to explain a cardiac procedure to a nervous patient who did not understand why it was needed.

**Why they ask**

Patient communication is core to this role. They want to see empathy and clarity, not jargon.

**How to structure your answer**

STAR: Situation, Task, Action, Result.

**Example answer**

*“A patient came in for a Holter monitor and was visibly anxious. She thought the monitor meant her heart was about to stop, and she did not want to wear it home. I sat with her, asked what worried her most, and explained that the monitor would record her heart rhythm over a day so the cardiologist could see what was happening when she felt palpitations. I showed her the device, let her hold it, and walked her through what the leads would feel like. I also gave her a written sheet with my direct number. She left wearing the monitor and returned it with a full recording. The cardiologist was able to adjust her medication based on the results.”*

## 3. A patient's ECG tracing shows a rhythm you do not recognise and they start feeling dizzy. What do you do?

**Why they ask**

This tests clinical judgement, escalation, and safety under pressure.

**How to structure your answer**

Judgement under pressure: assess, act, escalate, document.

**Example answer**

*“I would stay with the patient, press the emergency buzzer, and check their airway, breathing and circulation. I would not leave them alone. I would stop any test in progress, lie them flat if they are not already, and keep the ECG running. I would call for the cardiologist or nurse in charge and clearly describe what I am seeing: the rhythm, the dizziness, and the patient's vital signs. I would follow their instructions, whether that means getting the crash cart or helping to prepare for a procedure. After the event I would document the time, the rhythm strip, and everyone I notified.”*

## 4. Describe how you maintain infection control when setting up a Holter monitor and ECG leads.

**Why they ask**

Infection control is a daily requirement. They want to know you follow NSQHS standards and local policy.

**How to structure your answer**

Checklist or step-by-step, with a clear rationale for each step.

**Example answer**

*“I start with hand hygiene using the five moments, then clean the skin prep area and use single-use electrodes where possible. I clean reusable leads with the approved disinfectant wipe and let them dry. I keep clean and dirty items separate on the trolley. After the patient is set up, I remove gloves and perform hand hygiene again. If there is any blood or body fluid contact, I follow standard precautions and dispose of waste in the correct clinical waste bin. I also check the patient's skin for any irritation before applying new electrodes.”*

## 5. You notice the ECG machine is producing artefact on multiple traces. How do you troubleshoot and when do you escalate?

**Why they ask**

Equipment problems happen. They want to see systematic thinking and not just a call for help.

**How to structure your answer**

Technical troubleshooting logic: isolate, test, fix, escalate, document.

**Example answer**

*“First I check the obvious things: are the electrodes dry and stuck down properly, are the leads tangled or worn, is the patient moving or talking, and is the machine plugged in properly. I would try a different lead set and a different patient cable to see if the artefact follows. If the problem persists across different patients and cables, I would take the machine out of service, label it as faulty, and log*

*the issue with biomedical engineering. I would document what I saw and when, and tell the nurse in charge so we can use the backup machine. I would not keep using a machine that is giving unreliable traces."*

## 6. Give an example of a time you worked with a cardiologist or nurse who was under pressure, and how you supported them.

**Why they ask**

Cardiac units are busy. They want to know you can read the room and help without being asked.

**How to structure your answer**

STAR: Situation, Task, Action, Result.

**Example answer**

*"We had a cardiologist running late for a catheterisation list because of an emergency. The next patient was already prepped and anxious. I checked the list with the nurse in charge, then went to the waiting area and explained the delay to the patient, gave them a blanket and updated them every fifteen minutes. When the cardiologist arrived, I had the room restocked and the patient's notes ready so we could start without hunting for equipment. The list finished only slightly behind schedule, and the patient told the nurse she appreciated being kept informed. The cardiologist thanked me for keeping the room calm."*