# Enrolled Nurse interview questions

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## What to expect

Enrolled Nurse interviews focus on how you apply clinical skills within your scope of practice, how you work under Registered Nurse supervision, and how you handle the everyday pressures of a busy ward or aged care floor. Expect a mix of process questions on clinical tasks, behavioural questions about past patient care situations, and scenario questions that test judgement when things don't go to plan.

- **Process/clinical:** Questions checking that you can describe standard clinical procedures accurately, such as medication administration or observations, in the order they actually happen.
- **Behavioural:** Questions asking you to recall a specific past situation, often around escalation, communication or teamwork with Registered Nurses.
- **Scenario/judgement:** Hypothetical situations, such as a patient refusing care or a workload conflict, used to see how you think on your feet within your scope of practice.
- **Safety and compliance:** Questions on infection control, manual handling and adherence to standards like the NSQHS Standards.

Most Enrolled Nurse interviews open with a few questions about your registration, qualifications and current scope of practice, move into behavioural and scenario questions that make up the bulk of the discussion, and close with safety or compliance checks plus your questions about the roster, supervision structure and team.

## 1. Walk me through how you prepare and administer a medication round under Registered Nurse supervision.

**Why they ask**

Medication administration under direction is a core task listed for this role, and interviewers need to confirm you follow correct procedure without deviation.

**How to structure your answer**

Describe the process step by step in the order it happens: checking the medication chart, confirming patient identity, preparing the dose, checking with the supervising RN where required, administering, and documenting.

**Example answer**

*“I start by checking the medication chart against the patient's identity using two identifiers, then confirm any medications that need RN co-signing or fall outside my scope. I prepare the dose following the six rights of medication administration, explain what I'm giving the patient and why, then administer and observe for any immediate reaction. Straight after, I document the administration in the electronic health record and report anything unusual to the RN on shift.”*

## 2. Tell me about a time you noticed a change in a patient's condition and had to escalate it.

**Why they ask**

Recognising and reporting changes in patient condition is one of the role's core tasks and a key patient safety responsibility.

**How to structure your answer**

Use STAR: describe the Situation and Task, the specific Action you took to assess and escalate, and the Result for the patient.

**Example answer**

*“During a morning round I noticed a patient's breathing was more laboured than at handover and their oxygen saturation had dropped slightly from baseline. I rechecked the observations, compared them against the patient's normal range, and reported the change to the RN immediately rather than waiting for the next scheduled check. The RN reviewed the patient and escalated to the medical team, who adjusted the treatment plan before the situation worsened.”*

## 3. A patient is refusing assistance with personal hygiene and becoming distressed. What do you do?

**Why they ask**

This tests judgement in a common, sensitive situation that sits within an Enrolled Nurse's day-to-day responsibilities.

**How to structure your answer**

Talk through the immediate judgement call: how you'd read the situation, what you'd try first, when you'd step back or involve others, and how you'd document it.

**Example answer**

*“I'd stop and give the patient space rather than push the task, and try to understand what's causing the distress, whether it's pain, confusion or simply timing. I'd offer choices where I can, such as doing care later or having a different staff member assist, and involve the RN if the patient's refusal affects their health or safety. I'd document the refusal and my response clearly so the next shift has the full picture.”*

## 4. How do you maintain infection control standards when moving between patients on the ward?

**Why they ask**

Infection control and hygiene is listed as a specialist skill and is central to patient and staff safety.

**How to structure your answer**

Describe the routine practice you follow, referencing relevant standards, rather than a one-off story.

**Example answer**

*“I follow standard precautions with every patient contact: hand hygiene before and after, correct use of PPE based on the patient's precautions, and proper disposal of sharps and waste. I also check equipment like blood pressure monitors and thermometers are cleaned between patients, in line with the NSQHS Standards. If a patient is on additional precautions I check the signage and follow the specific protocol before entering the room.”*

## 5. Tell me about a time you had to give a family member difficult or upsetting information about a patient.

**Why they ask**

Communicating patient status to the wider team and family is part of the role, and this checks how you handle emotionally difficult conversations within your scope.

**How to structure your answer**

Use STAR, with particular focus on what you said, what you left to the RN or doctor, and how you supported the family emotionally.

**Example answer**

*“A patient's family asked me directly why their relative seemed more confused than the previous visit. I explained what I'd observed factually, such as changes in alertness, without speculating on a diagnosis, and let them know the RN and doctor were reviewing the situation. I stayed with them for a few minutes to answer what I could and arranged for the RN to speak with them in more detail, which helped reduce their anxiety while keeping the information accurate.”*

## 6. How do you prioritise your workload when several patients need attention at the same time?

**Why they ask**

With caseloads across hospitals, aged care and community settings, prioritisation under time pressure is a daily reality of the role.

**How to structure your answer**

Explain the judgement process you use to rank tasks by urgency and safety, with a brief example to ground it.

**Example answer**

*“I quickly assess which needs are time-critical, such as a scheduled medication or a patient showing signs of distress, versus tasks that can wait a short while, like routine hygiene care. I let the RN know if I can't get to everything on time so we can reallocate support. On a recent shift I had two patients requiring attention at once; I addressed the patient with the more urgent clinical need first and asked a colleague to check on the other until I was free.”*