Intensive Care Paramedic interview questions

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What to expect

Interviews for intensive care paramedic roles are designed to test both clinical reasoning and how you perform under pressure. Expect a mix of scenario-based questions, technical checks and behavioural discussions with a panel that may include a clinical educator, an operations manager and a senior paramedic.

- **Clinical scenario:** You are given a patient presentation and asked to talk through your assessment, interventions and transport decisions.
- **Behavioural:** Questions about how you have handled conflict, fatigue, or an adverse event, using the STAR method.
- **Technical:** Questions about equipment such as LIFEPAK 15 or Zoll X Series, or procedures like intubation and IV drug administration.
- **Safety and judgement:** Questions about risk assessment, scene safety, and decisions when guidelines and patient needs conflict.
- **Communication and handover:** Questions about how you hand over to hospital staff or coordinate with retrieval teams.

The process often starts with a panel interview, then moves to scenario stations or a simulation. Some services include a written clinical reasoning test. You may be asked to demonstrate equipment familiarity. The panel will usually include a senior clinician and a people leader.

1. You arrive at a scene and find a 55-year-old patient with chest pain and a 12-lead ECG showing ST elevation. Walk me through your assessment and treatment.

Why they ask

Tests clinical reasoning, guideline adherence, and decision-making under time pressure.

How to structure your answer

Use a primary survey approach: assess airway, breathing, circulation, then interpret the ECG. State your working diagnosis, immediate interventions like aspirin and pain relief, and your transport decision. Mention any pre-alert to the receiving hospital.

Example answer

“I would start with a primary survey, confirming the patient is conscious and protecting their airway. I would apply oxygen if indicated, gain IV access, and obtain a 12-lead ECG within minutes. The ST elevation suggests an acute myocardial infarction. I would administer aspirin and provide pain relief as per clinical practice guidelines. I would monitor for any rhythm changes and prepare for potential deterioration. Given the diagnosis, I would pre-alert the receiving hospital and arrange rapid transport, considering whether a helicopter retrieval is faster given the patient's location. Throughout, I would keep the patient informed and document my findings.”

2. Tell me about a time you had to make a difficult decision with incomplete information.

Why they ask

Assesses judgement, problem solving, and ability to work autonomously in the field.

How to structure your answer

Use STAR: describe the Situation, the Task you faced, the Action you took, and the Result. Focus on how you weighed risks and what you learned.

Example answer

“During a night shift, I was called to a remote location for a patient with severe abdominal pain and signs of shock. The history was limited, and the patient's condition was deteriorating. I had no immediate backup. I used my clinical assessment to identify hypovolemic shock, started fluid resuscitation, and made the decision to transport to the nearest hospital rather than wait for a retrieval team that was 45 minutes away. I communicated my plan to the control room and the receiving hospital. The patient was stabilised and later required surgery. The outcome reinforced that early decisive action can be better than waiting for ideal resources.”

3. How do you set up and use a mechanical transport ventilator?

Why they ask

Tests equipment familiarity and technical competence with a tool common in retrieval and transport.

How to structure your answer

Walk through the steps in order: safety checks, circuit assembly, setting initial parameters, confirming function, and monitoring the patient.

Example answer

“First, I would check the ventilator for damage and ensure the battery is charged. I would assemble the circuit and connect it to the oxygen supply. I would set initial parameters based on the patient's ideal body weight and clinical condition, such as tidal volume and respiratory rate. I would confirm the ventilator is delivering the set breath by observing chest rise and listening to breath sounds. I would then connect the patient and monitor their oxygen saturation and end-tidal CO2. If the patient's condition changes, I would adjust settings or switch to bag-valve-mask ventilation.”

4. You are at a scene where the patient is critically unwell but the environment is unsafe, for example a road with fast-moving traffic. What do you do?

Why they ask

Tests safety awareness and your ability to balance patient care with personal and team safety.

How to structure your answer

Use a risk assessment framework: identify hazards, protect yourself and your team, request support if needed, then move to patient care when safe.

Example answer

“My first priority is scene safety. I would ensure my vehicle is parked to protect the scene, use high-visibility gear, and request police or traffic control if needed. I would not approach the patient until the scene is safe. If I can safely reach the patient, I would provide immediate life-saving interventions, but I would not put myself at risk. I would communicate with dispatch about the hazard and coordinate with other responders. Once the scene is secure, I would proceed with patient care and transport.”

5. Describe how you hand over a critically ill patient to the emergency department.

Why they ask

Tests structured communication and accuracy in a high-stakes transfer of care.

How to structure your answer

Use a recognised handover tool like ISBAR: Identify, Situation, Background, Assessment, Recommendation.

Example answer

“I would use ISBAR. Identify: my name and the patient's name and age. Situation: the patient's chief complaint and current condition. Background: relevant medical history, medications, and events

leading to the call. Assessment: my clinical findings, vital signs, and interventions I have performed. Recommendation: what I think the patient needs next, such as immediate review or specific tests. I would keep it concise and allow time for questions."

6. Tell me about a time you had to manage a patient's family or bystander who was distressed or interfering.

Why they ask

Tests communication, empathy, and scene management when clinical care must continue.

How to structure your answer

Use STAR: describe the Situation, the Task, the Action you took to balance empathy and control, and the Result.

Example answer

"At a cardiac arrest scene, a family member was very distressed and trying to stay with the patient. I needed to focus on resuscitation. I asked my partner to continue compressions while I briefly acknowledged the family member's distress, explained that we were doing everything we could, and asked them to wait in another room with a police officer. I then returned to the resuscitation. We achieved return of spontaneous circulation and transported the patient. The family member later thanked us for keeping them informed. The key was to show empathy while maintaining control of the scene."