Registered Nurse interview questions

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What to expect

Registered Nurse interviews mix clinical competency checks with behavioural and scenario questions, since panels need to confirm both technical safety and how you handle pressure, teams and patients. Expect a mix of hospital or facility HR staff and a senior clinician (often a Nurse Unit Manager or Clinical Nurse Educator) on the panel.

- **Process:** Questions asking you to walk through a clinical routine step by step, such as patient assessment or medication administration.
- **Behavioural:** Past-experience questions using situations from your clinical placements or employment, usually framed as 'tell me about a time'.
- **Scenario/judgement:** Hypothetical situations testing how you'd handle a difficult patient, family member or team conflict in real time.
- **Safety and clinical governance:** Questions probing your understanding of medication safety, infection control and incident reporting.
- **Client-facing/communication:** Questions on explaining conditions or treatment plans to patients and families with varying health literacy.

Most panels open with a couple of general questions about your background and registration status, move into clinical scenario and safety questions, then close with behavioural questions and a chance for you to ask about the ward, roster or team structure.

1. Walk me through how you'd assess a newly admitted patient and decide what to escalate.

Why they ask

Checks that your clinical assessment process is systematic and safe, and that you know when a finding warrants escalation rather than routine documentation.

How to structure your answer

Step-by-step walkthrough: describe the sequence from initial observation through to documentation and escalation, naming any tools or scales you'd use at each step.

Example answer

“I start with a set of baseline observations, vital signs, level of consciousness and any presenting symptoms, and compare these against the patient's history and admission notes. I use standard clinical assessment scales where relevant, for example an early warning score, to flag anything outside normal range. If a finding sits outside expected parameters, I recheck it, then escalate to the treating doctor or senior nurse immediately rather than waiting for the next round. Everything gets documented in the electronic health record as I go, so the next shift has an accurate picture.”

2. Tell me about a time you had to manage a heavy patient workload with competing priorities.

Why they ask

Tests time management and clinical prioritisation under the workload pressure typical of ward nursing.

How to structure your answer

STAR: situation, task, action, result.

Example answer

“During a particularly short-staffed shift, I had eight patients including one who began showing signs of deterioration mid-shift. My task was to keep everyone safely monitored while giving that patient the attention they needed. I quickly triaged my round, delegated a couple of routine observations to the enrolled nurse on shift, and focused my own time on the deteriorating patient, escalating to the doctor early. The patient was reviewed and stabilised before their condition worsened further, and the rest of my patients still received their scheduled care on time.”

3. A patient's family member is angry that medication was delayed. How do you handle the conversation?

Why they ask

Tests communication and de-escalation skills in a client-facing situation that comes up often on the ward.

How to structure your answer

Judgement under pressure: state your first move, how you'd balance honesty with reassurance, and how you'd follow up afterwards.

Example answer

“I'd acknowledge their frustration directly rather than getting defensive, and explain what caused the delay, whether that was a clinical review, a stock issue or a workload constraint. I'd give them a clear timeframe for when the medication would now be given and check on the patient promptly to confirm no harm resulted. Afterwards I'd document the delay and the conversation, and if it points to a systemic issue, I'd raise it with my Nurse Unit Manager so it doesn't keep happening.”

4. What steps do you take to prevent medication errors on a busy shift?

Why they ask

Medication management is a core listed skill and a major patient safety risk area, so panels want specifics, not general statements about being careful.

How to structure your answer

Technical/safety answer: name the checks and protocols you rely on, not just an intention to be careful.

Example answer

“I always follow the standard checks: right patient, right drug, right dose, right route, right time, and I cross-reference against the medication chart and patient ID band every time, even for patients I know well. I avoid interruptions during medication rounds where possible, and if I'm unsure about a dose or interaction, I stop and check with the pharmacist or a senior nurse rather than guessing. Any near-miss or actual error gets reported through the incident system straight away, because that's how the unit picks up patterns before they cause harm.”

5. How would you explain a new diagnosis and treatment plan to a patient with low health literacy?

Why they ask

Directly tests the patient education task listed for this role and communication skill more broadly.

How to structure your answer

Client-facing communication answer: describe how you'd adapt language, check understanding and involve family where appropriate.

Example answer

“I'd drop the clinical terminology and explain the diagnosis in plain terms, using an analogy if it helps, then break the treatment plan into a small number of clear steps rather than everything at once. I'd ask the patient to repeat back what they understood in their own words, which usually reveals any gaps straight away. If family are involved and the patient agrees, I'll bring them into the conversation too, since they often support medication adherence and follow-up after discharge.”

6. How do you use electronic health records to support continuity of care across shifts?

Why they ask

EHR use is a listed tool for this role and directly affects handover quality and patient safety.

How to structure your answer

Process walkthrough: describe what you document, when, and how it supports the next clinician.

Example answer

“I document observations, interventions and any changes in patient condition as close to real time as possible, rather than leaving it all to the end of shift, so the record is accurate if something happens unexpectedly. At handover I make sure my notes clearly flag anything outstanding, like a pending review or a medication due soon, so the incoming nurse isn't caught off guard. I also check the record for updates from other disciplines, like physio or dietetics notes, before I start my own round.”