

Respiratory and Sleep Technician interview questions

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What to expect

Interviews for respiratory and sleep technician roles typically combine technical assessment with patient-centred questions. Employers want to see that you can follow protocols, handle equipment, and communicate clearly with patients and specialists.

- **Technical and clinical knowledge:** Questions about spirometry, polysomnography, equipment calibration, and scoring.
- **Patient care and communication:** Questions about preparing patients, explaining procedures, and managing anxiety.
- **Safety and infection control:** Questions about hygiene, equipment maintenance, and workplace health and safety.
- **Scenario and problem-solving:** Questions about equipment faults, unexpected clinical events, or prioritising tasks.
- **Behavioural and teamwork:** Questions about working in shifts, collaborating with physicians, and handling challenging situations.

The process often starts with a phone screen, followed by a panel interview with a respiratory physician, sleep scientist, or lab manager. You may be asked to demonstrate a practical skill such as spirometry or explain a polysomnography montage. Some employers include a short written or scoring exercise.

Expect a mix of technical questions and behavioural questions, and be ready to discuss your experience with specific equipment and protocols.

1. Can you walk me through how you prepare a patient for an overnight sleep study?

Why they ask

They want to see that you know the standard procedure and can communicate it clearly to a patient.

How to structure your answer

Use a step-by-step walk-through: explain the purpose, gain consent, apply sensors and electrodes, check signal quality, and make the patient comfortable.

Example answer

"First, I introduce myself and explain the sleep study process, including what the sensors will feel like and how long it will take. I confirm the patient's identity and check for any allergies or skin conditions. Then I measure and mark the scalp and face sites for EEG, EOG, and EMG electrodes, and apply them with conductive paste. I place airflow sensors, respiratory effort belts, and a pulse oximeter. I check the impedance and signal quality on the computer, adjusting as needed. Finally, I make sure the patient is comfortable, show them how to call for assistance, and start the recording. I also document the setup and any patient concerns."

2. How do you ensure accurate spirometry results?

Why they ask

They want to assess your technical knowledge and attention to detail.

How to structure your answer

Explain the key factors: calibration, patient coaching, correct technique, and quality control.

Example answer

"I start by calibrating the spirometer with a 3-litre syringe, following the manufacturer's guidelines. I check the patient's height, weight, age, and ethnicity for predicted values. I explain the manoeuvre clearly, demonstrating the correct posture and effort. I coach the patient through at least three acceptable efforts, looking for a good start, no coughs in the first second, and a plateau on the volume-time curve. I repeat the test if the results are not reproducible. I also check for any contraindications and ensure the equipment is clean and ready for the next patient."

3. Tell me about a time you had to deal with an anxious or difficult patient during a test.

Why they ask

They want to see your patient care skills and ability to adapt.

How to structure your answer

Use STAR: Situation, Task, Action, Result.

Example answer

"Situation: I was performing a lung function test on a patient who was very nervous and kept stopping the test. Task: I needed to get a valid result while keeping the patient calm. Action: I paused the test, explained each step again slowly, and showed the patient how the mouthpiece worked. I adjusted the chair and gave them time to breathe normally. I also used a calm tone and reassured them that many people feel anxious. Result: The patient completed the test successfully, and the results were valid. They thanked me for being patient."

4. You are monitoring an overnight sleep study and notice the patient's oxygen saturation has dropped significantly. What do you do?

Why they ask

They want to test your clinical judgement and ability to respond to an emergency.

How to structure your answer

Use a judgement-under-pressure structure: assess, escalate, document, and follow up.

Example answer

"First, I check the patient to ensure the oximeter is still on correctly and the signal is reliable. If the desaturation is real, I note the time and duration. I follow our unit's protocol, which may involve increasing the oxygen flow if ordered, or waking the patient if they are in distress. I immediately inform the on-call sleep physician or nursing staff. I document the event in the recording and in the patient's notes. After the study, I flag the event for the reporting specialist. I also check the patient's comfort and safety throughout."

5. What steps do you take to prevent infection when applying sensors and electrodes?

Why they ask

They want to confirm you follow infection control standards.

How to structure your answer

List your standard precautions: hand hygiene, clean equipment, single-use items, and waste disposal.

Example answer

"I always perform hand hygiene before and after patient contact. I use single-use electrodes and sensors where available, and clean reusable equipment according to the manufacturer's instructions and our infection control policy. I clean the skin with an alcohol wipe before applying electrodes. I dispose of waste in the correct bins and clean the room between patients. I also make sure the patient's skin is intact and report any concerns to nursing staff."

6. How do you approach scoring sleep stages and respiratory events in a polysomnography recording?

Why they ask

They want to see your knowledge of scoring rules and your attention to detail.

How to structure your answer

Explain your process: review the montage, apply AASM criteria, check artefacts, and ensure consistency.

Example answer

"I start by reviewing the entire recording, noting any artefacts or technical issues. I follow the AASM scoring manual for sleep stages, using EEG, EOG, and EMG channels. I score each 30-second epoch, identifying arousals and respiratory events like apnoeas and hypopnoeas. I check the oximetry data for desaturations. I also review the patient's position and any movements. I document all events clearly and flag any questionable sections for the specialist. I aim for consistency and accuracy, and I ask for a second opinion if I am unsure."