Sonographer interview questions

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What to expect

Sonographer interviews are usually run by a lead sonographer or department manager, sometimes alongside a radiologist, and focus heavily on clinical judgement and how you handle pressure on a busy scanning list. Expect a mix of technical questions about specific modalities and softer questions about patient interaction, since sonographers spend the whole appointment one-on-one with the patient.

- **Technical/process:** Questions about how you approach a specific scan type, optimise image quality, or work with particular equipment and PACS systems.
- **Behavioural:** Past-experience questions about managing difficult patients, workload pressure or communication with referring clinicians.
- **Scenario/judgement:** Hypothetical clinical situations, such as an unexpected finding or an urgent add-on, testing how you'd prioritise and escalate.
- **Safety and compliance:** Questions on infection control, equipment maintenance and consistent documentation practice.

Interviews typically open with background and qualifications, move into scan-specific technical questions, then into scenario and behavioural questions about patient management and workload, and close with your questions about the caseload mix and team structure. Some services include a short practical component or ask you to talk through images from a case study.

1. Walk me through how you'd approach a scan on a patient who's difficult to image, for example due to body habitus or a restless paediatric patient.

Why they ask

Tests your technical adaptability and whether you have a systematic approach rather than just persistence.

How to structure your answer

Step-by-step walk-through: describe your initial assessment, the adjustments you'd make to positioning, probe pressure or machine settings, and when you'd bring in a second opinion or reschedule.

Example answer

“I'd start by explaining the procedure to the patient so they know what to expect and can help with positioning. For a harder-to-image patient I'd try different transducer angles and increase depth or adjust gain settings before assuming the study is non-diagnostic. If gel and pressure changes still don't get a clear window, I'll try alternate patient positions, like a lateral decubitus for an abdominal scan. If after all that the images are still suboptimal, I'd document exactly what was and wasn't visualised and flag it to the radiologist so they can decide on a follow-up study rather than leaving a gap in the report.”

2. Tell me about a time you had to manage a patient who was anxious or distressed during a scan.

Why they ask

Sonographers work alone with patients for the full appointment, so managing emotional states directly affects both image quality and patient experience.

How to structure your answer

STAR: situation, task, action, result.

Example answer

“During an obstetric scan, a patient became visibly anxious after a difficult pregnancy history and started asking urgent questions mid-scan. My task was to complete the required views without adding to her distress. I slowed down, explained each step as I did it, and let her know I'd get the referring obstetrician the images promptly rather than speculating myself. By the end of the scan she was noticeably calmer, and I made sure the report went to her doctor the same day so she wasn't left waiting on results.”

3. You're partway through a routine scan and you notice something that looks like a serious abnormal finding. What do you do?

Why they ask

Checks clinical judgement under pressure and understanding of escalation pathways, since sonographers aren't the ones who deliver a diagnosis.

How to structure your answer

Judgement-under-pressure structure: immediate priority, who you involve, how you communicate with the patient without overstepping your scope.

Example answer

“I'd finish capturing the images needed to document the finding clearly, without alarming the patient by commenting on what I've seen. I'd then flag the study to the supervising radiologist straight away rather than waiting until the end of the list, since timing can matter clinically. With the patient, I'd stay neutral and let them know the radiologist will review the images and the results will go to their doctor, rather than guessing at what it might mean.”

4. How do you maintain infection control and equipment hygiene between patients on a busy list?

Why they ask

Infection control is a core compliance requirement in ultrasound and gets checked in most sonographer interviews.

How to structure your answer

Process description: routine steps, how you handle exceptions, and how you keep pace on a full list.

Example answer

“Between each patient I clean the transducer and any surfaces that had contact according to the clinic's protocol, whether that's a low-level disinfectant wipe for external scans or a higher-level process for any probe used in an invasive or semi-invasive study. I keep gel bottles and consumables stocked at the start of the list so I'm not scrambling mid-appointment, and if a probe needs a longer disinfection cycle I'll flag that to reception so the list can be adjusted rather than cutting the process short.”

5. How do you prioritise when you've got urgent add-on requests coming in on top of an already full scanning list?

Why they ask

Directly reflects the role's real workload pressure.

How to structure your answer

Scenario/prioritisation: criteria for triage, communication with the team, and how you protect scan quality under time pressure.

Example answer

“I look at the clinical urgency flagged by the referrer first, for example a suspected ectopic pregnancy or acute abdominal pain versus a routine follow-up. I'll talk to the radiologist or team lead about which existing appointments can safely run slightly over or be moved, rather than rushing every scan to fit everything in. If the list can't absorb the extra load safely, I'd rather flag that early so the urgent case

gets seen elsewhere than compromise image quality trying to squeeze it in."

6. What's your experience working across different ultrasound platforms and PACS systems?

Why they ask

Services often run mixed equipment from different manufacturers, so transferability of technical skill matters.

How to structure your answer

Direct technical rundown: platforms used, key differences you've adapted to, and how you handle image storage and retrieval.

Example answer

"I've worked on GE and Philips machines most regularly, and I'm comfortable adjusting to Siemens systems since the core scanning principles carry across, it's mainly the menu layout and preset naming that differs. For image storage I've used PACS daily for archiving and pulling up prior studies for comparison, and I make sure images are labelled and annotated consistently so radiologists reporting remotely have everything they need without having to chase me for clarification."