Orthoptist interview questions

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What to expect

Orthoptist interviews typically blend clinical knowledge, patient communication, and practical problem solving. Employers want to see that you can assess eye movement disorders, work with ophthalmologists, and explain treatment plans clearly to patients and families.

- **Clinical technical:** Questions about diagnostic testing, conditions like strabismus and amblyopia, and equipment such as the Humphrey Visual Field Analyser and OCT.
- **Behavioural:** Questions about how you have handled difficult patient interactions, prioritised tasks, or worked in a multidisciplinary team.
- **Scenario:** Questions that put you in a realistic clinic situation, such as a child who refuses patching or a patient with sudden vision changes.
- **Process:** Questions about your assessment workflow, from history taking to treatment planning and documentation.
- **Safety and infection control:** Questions about hygiene, equipment sterilisation, and safe patient handling.
- **Client-facing:** Questions about educating families, explaining diagnoses, and managing anxious patients.

Interviews may be a single panel with a clinical lead and a practice manager, or a two-stage process with a practical skills assessment. Expect a mix of clinical reasoning questions, behavioural questions, and a tour or equipment demonstration. Some employers include a short written scenario or a patient education task.

1. Walk me through your typical assessment for a new patient referred with suspected strabismus.

Why they ask

This process question checks whether you have a systematic, safe approach to clinical assessment and can communicate it clearly.

How to structure your answer

A process question like this expects a clear, step-by-step walk-through. Start with history taking, then describe the specific tests you would perform in order, and finish with how you would document and communicate findings.

> **Example answer**
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> *“I start by taking a thorough history, including the patient's main concern, onset, family history of eye conditions, and any previous treatment. Then I assess visual acuity, eye movements, and alignment using cover tests and prism bars. I check binocular vision with stereopsis tests, and if indicated, I perform a cycloplegic refraction or refer for one. I document all findings in the EMR and discuss the results with the ophthalmologist, then explain the diagnosis and treatment plan to the patient and family in plain language.”*

2. Tell me about a time you had to explain a complex eye condition to a worried parent.

Why they ask

This behavioural question assesses your communication skills, empathy, and ability to manage anxiety in a family-centred way.

How to structure your answer

Use the STAR method: describe the Situation, the Task, the Action you took, and the Result. Focus on how you adapted your language and checked the parent's understanding.

Example answer

"A parent brought in their four-year-old who had just been diagnosed with amblyopia. The parent was anxious that the child would lose vision permanently. My task was to explain the condition and the patching plan without overwhelming them. I used simple diagrams, avoided jargon, and explained that the brain and eye connection can improve with consistent patching. I gave them written information and a follow-up number. At the next visit, the parent said they felt much more confident, and the child's patching adherence had improved."

3. A child with amblyopia refuses to wear their patch at home. How would you handle this?

Why they ask

This scenario question tests your judgement under pressure, your problem-solving with families, and your knowledge of behavioural strategies.

How to structure your answer

Scenario questions test judgement under pressure. Acknowledge the parent's concern, assess barriers, suggest practical adjustments, and outline a follow-up plan.

Example answer

"First, I would ask the parent what happens when they try to put the patch on, and whether there is pain, discomfort, or a power struggle. I would check the patch fit and consider alternatives like a patch that goes over glasses or a reward chart. I would suggest short, frequent patching periods instead of one long block, and encourage the child to choose a fun activity while patched. I would schedule a follow-up in two weeks to review progress and adjust the plan. If adherence remains difficult, I would discuss with the ophthalmologist whether atropine drops might be suitable."

4. What is the difference between a visual field test and an OCT scan, and when would you use each?

Why they ask

This technical question checks your understanding of common diagnostic tools and your ability to apply them appropriately.

How to structure your answer

Technical questions need a concise definition, a clear indication, and a note on limitations or safety. Avoid overcomplicating; explain as you would to a colleague.

Example answer

"A visual field test measures the patient's peripheral vision and is used to detect and monitor conditions like glaucoma and neurological field defects. An OCT scan provides cross-sectional images of the retina and optic nerve, showing structural changes such as retinal thinning or fluid. I would use a visual field test when I need to assess functional vision loss, and an OCT when I need to look at the structural integrity of the retina or optic nerve. Often they are used together, for example in glaucoma monitoring, because structure and function tell complementary stories."

5. How do you ensure infection control when using a slit lamp and other shared equipment?

Why they ask

This safety question checks your adherence to standard precautions and your awareness of clinic hygiene protocols.

How to structure your answer

Safety questions expect a protocol-based answer. Describe standard precautions, cleaning between patients, and what you do if equipment is contaminated.

Example answer

“Before and after every patient, I clean the slit lamp chin rest and forehead rest with an approved disinfectant wipe. I use disposable breath shields or clean them between patients. For contact lenses or probes that touch the eye, I follow the manufacturer's sterilisation guidelines. I also perform hand hygiene before and after patient contact, and I keep a log of equipment cleaning. If I notice any contamination or a patient with a known infection, I escalate to the practice manager and follow the clinic's outbreak protocol.”

6. How would you help a patient with low vision adjust to using a new low vision aid?

Why they ask

This client-facing question assesses your patient education skills, empathy, and practical teaching approach.

How to structure your answer

Client-facing questions look for empathy and practical teaching. Use a patient-centred structure: assess needs, demonstrate, practice, and follow up.

Example answer

“I start by asking what daily tasks the patient finds hardest, such as reading mail or watching television. Then I demonstrate the low vision aid, showing how to hold it and adjust the focus. I let the patient try it themselves while I guide them, and I suggest practising with a familiar task like reading a headline. I provide written instructions and encourage them to bring the aid to their next appointment so we can troubleshoot any problems. I also check whether they have any other support needs, such as lighting or magnification apps on a tablet.”