Radiographer interview questions

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What to expect

Radiographer interviews test three things at once: technical competence with imaging equipment, judgement around patient safety and radiation exposure, and the interpersonal skill to manage patients who are frightened, in pain or confused. Panels also probe whether a candidate can work independently across shifts without constant supervision.

- **Technical/process:** Questions on positioning technique, exposure factors and image quality, checking you understand the mechanics of the job, not just the theory.
- **Safety and compliance:** Questions on radiation monitoring, ALARA principles and infection control, since this is a regulated role under AHPRA and ARPANSA guidelines.
- **Scenario/judgement:** Situational questions where you weigh clinical urgency against patient safety, often involving a doctor's request that conflicts with a safety concern.
- **Patient-facing/communication:** Questions on explaining procedures to anxious, confused or culturally diverse patients, since radiographers work directly with patients far more than most allied health roles.
- **Behavioural:** Past-experience questions on teamwork, pressure and handling mistakes, usually framed as 'tell me about a time'.

Most radiography interviews are a panel with the imaging department manager and a senior radiographer or clinical educator. Expect an early check on registration status and specific modality experience (X-ray, CT, ultrasound), followed by a run of scenario and safety questions, then behavioural questions toward the end. Some public hospital processes add a short practical component or a site walkthrough of the imaging suite.

1. Walk me through how you'd position a patient for a routine chest X-ray and what you'd check before exposing the image.

Why they ask

This tests whether you actually know the mechanics of the job, not just the theory, and whether you build in checks that prevent repeat exposures.

How to structure your answer

Answer as a step-by-step process walkthrough: preparation, positioning, exposure settings, and the quality check before the patient leaves.

Example answer

“I'd start by confirming patient identity against the request form and checking for any implants or previous imaging that might affect positioning. I'd explain the procedure so the patient understands they need to hold still and take a breath in on my instruction. I position them against the detector, check alignment using the light beam diaphragm, and set exposure factors based on their build. Before they leave the room I review the image on the workstation for positioning, exposure and any motion artefact, and only release them once I'm confident the image is diagnostic quality.”

2. How do you monitor your own radiation exposure and that of your patients during a shift?

Why they ask

Radiation safety sits at the centre of this role and panels want to hear specific, current practice rather than general awareness.

How to structure your answer

Explain your ongoing compliance process: personal monitoring, patient dose management, and how you'd respond if a reading looked unusual.

Example answer

“I wear a personal dosimeter at all times and check it's logged correctly at the start and end of each roster period. For patients, I apply ALARA principles by collimating tightly to the area of interest, using appropriate shielding, and selecting exposure factors that give diagnostic quality without unnecessary dose. If I ever noticed an unusual dosimeter reading, I'd report it to the radiation safety officer immediately rather than waiting for the routine review, because that's the kind of thing you want caught early, not explained after the fact.”

3. Tell me about a time you had to calm a distressed or anxious patient before a scan.

Why they ask

Radiographers spend more time face-to-face with worried patients than most imaging staff, and panels want evidence you can manage that without rushing the clinical work.

How to structure your answer

Use STAR: describe the situation, the specific task or challenge, the action you took, and the result for the patient and the department.

Example answer

“A patient came in for a CT scan visibly shaking and told me she'd had a panic attack during a previous scan. I slowed down, sat with her before we entered the room, and talked through exactly what she'd hear and feel at each stage rather than giving a rushed overview. I offered to keep the intercom open the whole time so she could talk to me during the scan. She completed the procedure without needing to stop, and the referring team got a usable image on the first attempt instead of having to reschedule.”

4. A referring doctor requests an urgent CT scan, but you notice on the request form a contraindication that hasn't been addressed. What do you do?

Why they ask

This checks whether you'll defer to authority under time pressure or hold the line on patient safety, which is exactly the judgement call radiographers face regularly.

How to structure your answer

Answer as a judgement-under-pressure scenario: state the immediate priority, the escalation step, and how you'd balance urgency with safety.

Example answer

“I wouldn't proceed with the scan until the contraindication was resolved, even under time pressure, because that's the point of the check. I'd contact the referring doctor directly to flag the issue and ask whether an alternative protocol or modality would work instead, such as adjusting contrast use for a patient with renal impairment. If the doctor still wanted to proceed, I'd involve the radiologist for a second opinion before going ahead, since the request being urgent doesn't override the safety check.”

5. How would you explain a scan to a patient with limited English or low health literacy?

Why they ask

Clear communication affects both patient cooperation and image quality, and this role deals with a wide range of patients without an interpreter always on hand.

How to structure your answer

Describe your communication approach: simplifying language, using non-verbal cues, and knowing when to escalate to formal interpreter support.

Example answer

“I'd use plain, short sentences and avoid clinical terms, demonstrating movements like breath-holding with my own body rather than just describing them. If there was any doubt about consent or understanding, I wouldn't rely on gestures alone, I'd book a telephone interpreter through the hospital's service before proceeding. Getting the patient informed matters more than getting through the list quickly.”

6. What would you do if the imaging equipment malfunctioned mid-procedure with a patient already positioned?

Why they ask

Equipment faults happen regularly in imaging departments, and this checks your troubleshooting steps and how you manage the patient at the same time.

How to structure your answer

Answer as a troubleshooting and patient-management sequence: immediate patient care, fault diagnosis steps, and who you escalate to.

Example answer

“First I'd reassure the patient and check they're comfortable and safe, since they might be in an awkward position. Then I'd run through the basic checks, confirming the system hasn't just frozen or lost connection to PACS, before deciding whether it's something I can reset myself. If it's not a quick fix, I'd log the fault, contact biomedical engineering, and either move the patient to another available machine or reschedule, explaining clearly what's happening so they're not left wondering.”