Speech Pathologist interview questions

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What to expect

Speech pathology interviews mix clinical reasoning with real scenarios, because panels need to know you can diagnose accurately and also handle the judgement calls that come up mid-session. Expect a blend of technical questions about assessment and treatment, behavioural questions about how you've worked with clients and colleagues, and at least one scenario question testing how you'd respond to a safety concern.

- **Clinical/technical:** Questions about assessment tools, diagnostic reasoning and treatment planning for specific conditions such as dysphagia or paediatric language delay.
- **Scenario/safety judgement:** A hypothetical situation, often involving an unexpected swallowing or communication risk, to test how you'd respond under pressure.
- **Behavioural (STAR):** Questions about past experience adapting therapy plans, managing a caseload or resolving disagreements with other health professionals.
- **Client-facing communication:** Questions about explaining diagnoses and home strategies to clients, carers or families with varying levels of health literacy.
- **Process/organisational:** Questions about how you manage documentation, caseload prioritisation and reporting to referral sources.

Most panels open with a general fit and background question, move into two or three clinical or scenario questions that probe how you reason through a case, then finish with a behavioural question about teamwork or a difficult client interaction. Some services, particularly in hospitals, add a short case study or written scenario to assess clinical reasoning before the interview itself.

1. Walk me through how you would assess a new referral for suspected dysphagia.

Why they ask

This checks whether your assessment process is systematic and whether you understand when instrumental assessment (like videofluoroscopy) is warranted versus a clinical bedside swallow assessment.

How to structure your answer

Walk through your process step by step: initial referral review, case history, clinical assessment, decision point for instrumental assessment, and how you document and communicate findings.

Example answer

“I'd start by reviewing the referral and medical history to understand the presenting concern and any red flags like recent aspiration pneumonia or reduced consciousness. I'd then complete a clinical swallow assessment, checking oral motor function and trialling different food and fluid consistencies while observing for signs of aspiration such as coughing or wet voice. If findings were inconclusive or the risk seemed high, I'd refer for videofluoroscopy or ultrasound to get an instrumental view of the swallow. Throughout, I'd document findings clearly and communicate recommendations to nursing and medical staff so mealtime management could be adjusted straight away.”

2. Tell me about a time you had to adapt a therapy plan when a client wasn't progressing as expected.

Why they ask

Panels want evidence you can adjust individualised treatment plans based on client response rather than sticking rigidly to an initial plan.

How to structure your answer

Use STAR: describe the situation, the task, the action you took to change the plan, and the result for the client.

Example answer

“I was working with a paediatric client with a language delay who wasn't responding to the structured therapy activities we'd started with. I noticed she engaged much more during play-based tasks, so I restructured her sessions around play, embedding the same language targets into activities she enjoyed. Within a few sessions her engagement and willingness to attempt new vocabulary improved noticeably, and her parents reported she was using more words at home too.”

3. A client shows signs of aspiration during a therapy session that wasn't part of the referral concern. What do you do?

Why they ask

This tests safety judgement and whether you know your scope and escalation pathway when something unexpected comes up mid-session.

How to structure your answer

Judgement under pressure: state the immediate action you'd take to keep the client safe, then the follow-up steps and who you'd escalate to.

Example answer

“I'd stop the current activity straight away and check the client's breathing and colour. If they seemed distressed I'd follow first aid protocol and call for support. Once stable, I'd document exactly what happened and flag it to the treating medical team or GP, since aspiration outside the original referral concern needs proper assessment, not just a note in my session record. I'd also update the family or care team on any changes to food or fluid recommendations until a fuller swallow assessment could be done.”

4. How do you explain a diagnosis and treatment plan to a family who has limited understanding of speech pathology?

Why they ask

Client and carer education is a core part of this role, so panels want to see you can adjust your language and check understanding rather than relying on clinical terms.

How to structure your answer

Describe your communication approach: how you simplify language, use examples or visuals, and confirm the family has understood and can act on the information.

Example answer

“I avoid clinical jargon and instead describe what I'm seeing in everyday terms, like explaining that their child is finding certain sounds hard to produce rather than naming a specific disorder straight away. I use examples from things the family already does at home, like reading together, to show how they can support progress. I always check understanding by asking them to tell me back what we've agreed to try, and I follow up with a simple written summary they can refer to.”

5. How do you prioritise your caseload when working across multiple settings, such as school and clinic visits in the same week?

Why they ask

This checks organisational skill and whether you can balance competing demands without letting documentation or less urgent clients slip.

How to structure your answer

Process walk-through: explain your prioritisation criteria and how you keep track of tasks across settings.

Example answer

“I prioritise based on clinical urgency first, so a client with a new swallowing concern takes precedence over a review session. Beyond that I try to group visits by location to reduce travel time between settings. I keep a running list of documentation and reporting deadlines so nothing gets missed when my week is split across a school and a clinic, and I build in short admin blocks rather than leaving all my notes until the end of the week.”

6. Describe a situation where you disagreed with another health professional about a client's care plan.

Why they ask

Speech pathologists work closely with doctors, nurses and teachers, so panels want to see you can advocate for your clinical view while still working constructively with the team.

How to structure your answer

STAR: outline the disagreement, the action you took to raise your concern, and how it was resolved.

Example answer

“A nursing team wanted to progress a stroke patient to a normal diet sooner than I felt was safe based on my swallow assessment. Rather than just pushing back, I shared the specific signs I'd observed during assessment and suggested a trial with a modified consistency alongside a repeat review in a few days. We agreed on that middle ground, and the follow-up review supported moving to a less restrictive diet shortly after, so the client wasn't held back unnecessarily but the initial risk was managed properly.”