Dentist interview questions

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What to expect

Dentist interviews combine clinical competency checks with questions about patient communication and compliance, since the role sits under mandatory Dental Board of Australia registration and carries real risk if infection control or consent processes slip. Expect a mix of technical, behavioural and scenario-based questions, often with a practical or case-discussion component.

- **Clinical/technical:** Questions testing diagnostic reasoning, treatment planning and procedural knowledge, sometimes using a hypothetical case or X-ray.
- **Behavioural:** Past-experience questions about patient management, teamwork and handling difficult situations, usually answered with a specific example.
- **Scenario/judgement:** Hypothetical situations, such as an anxious patient or a treatment complication, testing decision-making under pressure.
- **Compliance and safety:** Questions on infection control, informed consent and record-keeping obligations under Dental Board of Australia standards.
- **Client-facing:** Questions on explaining treatment plans and costs to patients in plain language and managing expectations.

Most interviews open with background and registration checks (AHPRA status, insurance, any restrictions), move into clinical scenario or case-based questions, then behavioural questions about patient management and teamwork, and close with practical logistics like availability, billing systems used and questions from the candidate.

1. Walk me through how you'd assess and diagnose a new patient presenting with tooth pain, from intake to treatment plan.

Why they ask

Tests structured clinical reasoning and whether the candidate follows a consistent diagnostic process rather than jumping straight to treatment.

How to structure your answer

Walk-through: describe the sequence step by step (history, clinical exam, imaging if needed, differential diagnosis, treatment options, patient discussion) and note any decision points along the way.

Example answer

“I'd start with a focused history: when the pain started, what triggers it, and any relevant medical history. Then a clinical exam of the tooth and surrounding tissue, followed by an X-ray if percussion or visual signs suggest deeper involvement. Once I've got a working diagnosis, whether that's caries, a cracked tooth or pulpitis, I lay out the realistic options, including doing nothing, and their costs and risks, so the patient can make an informed decision before I proceed.”

2. Tell me about a time you had to manage a patient who was highly anxious about a procedure.

Why they ask

Directly probes the supplied task of managing patient anxiety, a core part of this role's day-to-day.

How to structure your answer

STAR: situation, task, action, result. Focus on the specific communication technique used and the outcome for that patient.

Example answer

“A patient came in for an extraction and was visibly shaking, saying she'd avoided dentists for years after a bad experience. I slowed the appointment down, explained each step before doing it, and offered breaks if she needed them. I also used the intraoral camera to show her exactly what we were dealing with, which seemed to reduce the fear of the unknown. She got through the extraction without needing to stop, and came back for her follow-up without the same level of anxiety.”

3. A patient tells you they can't afford the full treatment plan you've recommended. How do you handle that conversation?

Why they ask

Tests judgement under pressure around balancing clinical best practice with patient circumstances, a realistic scenario in general practice.

How to structure your answer

Scenario response: state the immediate priority, outline the options you'd present, and explain how you'd document the decision.

Example answer

“My priority is stabilising anything urgent, like pain or infection, first. I'd then talk through a staged treatment plan, starting with what's clinically necessary now and deferring elective work, and mention payment plan options or public dental services if relevant. Whatever we agree on, I document the discussion and the patient's informed decision clearly in their file, so there's a record that they understood the risks of delaying non-urgent treatment.”

4. What's your approach to infection control between patients, and how do you stay current with the standards?

Why they ask

Directly checks compliance knowledge tied to Dental Board of Australia requirements and workplace safety obligations.

How to structure your answer

Process explanation: describe your standard routine, then how you keep it updated (training, audits, guidelines followed).

Example answer

“I follow standard precautions for every patient regardless of known risk: full instrument sterilisation between uses, surface disinfection, and correct PPE for the procedure. I keep up to date through CPD requirements tied to my registration and by following updated infection control guidelines from the ADA and state health authorities whenever they're revised.”

5. Describe a situation where you had to explain a complex or unexpected diagnosis to a patient who was upset by the news.

Why they ask

Assesses communication skills under emotional pressure, relevant to the plain-language treatment explanation task.

How to structure your answer

STAR, with emphasis on the language choices made and how the patient's understanding was confirmed.

Example answer

“I once had to tell a patient that what they thought was a simple filling was actually deep decay needing root canal treatment. I avoided jargon, used a diagram to show what was happening, and paused to let it sink in before discussing options. I checked understanding by asking her to repeat back what she'd take away from the conversation, which helped me pick up a misunderstanding about cost that I could clear up on the spot.”

6. How do you decide when a case is beyond your scope and needs referral to a specialist?

Why they ask

Tests self-awareness of scope of practice, an important safety and compliance consideration for registered dentists.

How to structure your answer

Direct explanation: state your general threshold, give an example, and note how you manage the handover.

Example answer

“If a case involves complex endodontic retreatment, significant orthodontic need, or oral pathology I'm not confident diagnosing definitively, I refer rather than attempt it. For example, I referred a patient with a persistent oral lesion to a specialist for biopsy rather than monitoring it myself, and made sure the referral letter had full clinical detail so there was no delay in follow-up care.”