Forensic Odontologist interview questions

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What to expect

Forensic odontology interviews are usually panel-based because the role sits at the intersection of dentistry, police and coronial process. You will likely meet a senior forensic odontologist, a coronial or police liaison, and sometimes a university or defence representative. The panel wants to know that you can do the clinical and radiographic comparison work, that your written and oral evidence will hold up, and that you understand the pace and the emotional weight of a deployment.

- **Technical and clinical:** Comparison methodology, dental charting, radiographic interpretation, age estimation, and the limits of dental evidence.
- **Process and case management:** Referral to sign-off, chain of custody, record keeping, and working within coronial or police jurisdiction.
- **Behavioural:** Teamwork under pressure, handling disagreement with senior colleagues or instructing officers, and managing the emotional weight of the work.
- **Scenario and judgement:** Deployment problems, inconsistent overseas records, resource constraints, and triage decisions during a mass fatality response.
- **Court and evidence-facing:** Expert witness conduct, cross-examination, explaining dental evidence to non-dentists, and staying within your expertise.
- **Training and capability:** Delivering DVI training to dental, police and emergency personnel, and keeping your own skills current.

Most processes start with a credential and registration check, then a panel interview with a senior forensic odontologist, a coronial or police liaison, and sometimes a university or defence representative. Some panels send a case scenario or a short record comparison exercise in advance and ask you to talk through your charting during the interview. Expect questions on availability for deployment and how you maintain clinical currency. After the panel, there are usually reference checks and police or security clearance checks before you are credentialed with a DVI team.

1. Walk me through how you take a dental identification case from referral to sign-off.

Why they ask

This is a process question. The panel wants to see that you work in an auditable order, that you know where the record starts and ends, and that you do not skip peer review or documentation.

How to structure your answer

Use a chronological walk-through: jurisdiction and referral, record collection, post-mortem examination and charting, comparison, peer review, report, and sign-off. At each step, name the form, the software or the authorisation that keeps the case auditable.

Example answer

“When a referral comes in, I check who has jurisdiction and what they are asking me to establish. If it is an identification, I confirm the case number, then start the ante-mortem file: treating dentist, dates, radiographs, and any notes or casts. I chart the post-mortem examination myself, photograph and radiograph what I can, and enter the data into WinID3 so the comparison is reproducible. I do not rely on memory or on a visual match alone; I look for consistent features across several teeth and, where possible, a distinctive feature like a root canal shape or a restoration. Before I write the report I ask a colleague to review my charting, because a second set of eyes catches transcription errors. The report states what I examined, what I compared, what I found, and the limits of my opinion. Then it goes to the coroner or the investigating officer, and I keep my working file for the period the court

requires."

2. How do you decide whether a dental comparison is strong enough to support an identification?

Why they ask

A technical question that tests both your methodology and your honesty about the limits of dental evidence.

How to structure your answer

Define your criteria first, then work through a case, then state explicitly what you would not call an identification. Finish with how you would express the limits in a report.

Example answer

"I start with the quality of the records. If the ante-mortem radiographs are undated, or the post-mortem images are distorted, I treat the comparison as weaker from the outset. Then I look for concordance: the same teeth present and missing, the same restorations in the same surfaces, the same root morphology, and any unusual features such as a rotated tooth or a distinctive crown. One matching feature is not enough on its own. I want a pattern that is consistent across multiple teeth and that I can explain to a non-dentist. If there is an unexplainable inconsistency, I do not call it an identification; I say what the comparison can and cannot support. In a coronial report I would write that the dental evidence is consistent with the person, or that it excludes them, or that the records are insufficient. I would rather give a coroner a clear limitation than an overstated match."

3. Tell me about a time you had to defend a professional conclusion under pressure from someone more senior.

Why they ask

Courts and coronial investigations involve challenge, and panels want to see that you can hold a line respectfully without becoming rigid.

How to structure your answer

Use STAR, then add one sentence on what you changed in your practice afterwards. The reflection matters as much as the story.

Example answer

"In a coronial matter I had charted a set of post-mortem radiographs and concluded that the dental evidence was consistent with the missing person, but not conclusive on its own. The instructing officer wanted a firmer statement because the family had been waiting a long time. I explained what the comparison showed and what it did not, and I offered to do a second comparison with additional ante-mortem records if they could be obtained. I put the limitation in writing and copied the case file. The officer was not happy in the moment, but the report went in as written. The coroner later accepted the finding alongside other evidence. What I took from it is that the pressure to give a family an answer is real, but the answer has to be the one the evidence supports. Now I build that conversation into the start of a case by telling the instructing officer what my report can and cannot say before I begin."

4. You are deployed to a mass fatality incident and the ante-mortem records arriving from overseas are inconsistent, incomplete and in several languages. How do you manage the dental identification stream?

Why they ask

A scenario question. The panel is testing your judgement under pressure, your ability to triage, and whether you know when to escalate.

How to structure your answer

Use a judgement-under-pressure structure: immediate priorities, who you escalate to, what you document, and what you do in the next 24 hours. Do not try to solve the whole deployment in one answer.

Example answer

“My first priority is to stop the comparison queue from becoming a bottleneck of unusable records. I would ask the DVI commander to route all dental records through a single intake point and assign one person to triage them against the INTERPOL ante-mortem forms. Records that are missing dates or tooth numbers go back to the family assistance centre with a specific request, not a general one. For records in other languages, I would use the team's translation support and standardise the transcription into WinID3 so the comparison is consistent. I would document every decision in the case log, because a coroner will want to see how the identification was reached. In the first 24 hours I would also check my own team's fatigue and rotation, because dental charting errors go up when people are tired. If the volume is beyond the team, I would escalate for additional odontologists rather than rush the comparisons.”

5. You are giving evidence at a coronial inquest and the family's barrister challenges your methodology. How do you handle it?

Why they ask

An evidence-facing question. The panel wants to hear that you understand the expert witness role and can stay calm and useful under cross-examination.

How to structure your answer

Use an expert-witness structure: answer the question asked, stay within your expertise, concede what is fair, and explain the limits of your evidence without becoming defensive.

Example answer

“I would stay calm and answer the question that is actually asked, rather than the one I expected. If the barrister points out that my ante-mortem records were incomplete, I would agree if that is true and explain how I handled the gaps and what weight I gave the comparison. I would not argue outside my expertise; if the question is about DNA or pathology, I would say that is not my evidence. I would explain the methodology in plain language: what I compared, how I charted it, and what peer review I had. If there is a genuine weakness, I would concede it clearly and then explain why my conclusion still stands, or why it does not. The coroner is the person I am assisting, and my job is to help the court understand the dental evidence, not to win the exchange.”

6. Tell me about a time you trained non-dental personnel, such as police or emergency workers, in dental identification or DVI procedures.

Why they ask

The role includes training, and panels want evidence that you can teach adults and that your training changed what people did.

How to structure your answer

Use STAR, then add how you checked that the training worked. A short line on what you changed afterwards shows you treat training as a capability, not a box to tick.

Example answer

“I was asked to brief a group of police liaison officers before a DVI exercise. Most of them had never thought about what a dental record actually contains, so I dropped the jargon and used a set of anonymised radiographs to show them what a usable ante-mortem record looks like and what happens when dates and tooth numbers are missing. We ran a short exercise where they had to request records from a simulated dental practice using a template I had written. In the debrief, the exercise control team said the dental records coming through were more complete than in the previous year. I then rewrote the template based on the questions the officers asked, and it was used in the next exercise. The lesson for me was that if you want good ante-mortem data, you have to train

the people collecting it, not just the odontologists comparing it.”