Orthodontist interview questions

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What to expect

Interviews for orthodontist roles typically assess clinical judgement, patient communication, and ability to lead a team within a specialist practice. You may be asked to demonstrate your approach to treatment planning, managing complex cases, and working with referring dentists.

- **Clinical case discussion:** You will be asked to walk through a diagnosis and treatment plan for a specific malocclusion, often using radiographs or digital scans.
- **Behavioural questions:** Questions about how you have handled non-compliant patients, complex treatment decisions, or team leadership in the past.
- **Scenario-based questions:** Hypothetical situations such as a patient developing root resorption or a treatment running over time, testing your judgement under pressure.
- **Technical skills:** Questions on when to use clear aligners versus fixed braces, how you use software like ClinCheck or Dolphin Imaging, and your familiarity with surgical orthodontics.
- **Patient communication:** How you explain long treatment timelines, costs, and risks to patients and their families, especially nervous parents or teenagers.
- **Leadership and teamwork:** How you supervise clinical and administrative staff, delegate tasks, and maintain a positive practice culture.

The interview often begins with a tour or introduction to the practice, followed by a structured panel interview with the principal orthodontist and practice manager. You may be asked to present a case or discuss your treatment philosophy. Some practices include a practical component, such as reviewing a digital scan or explaining a treatment plan to a mock patient.

1. Walk us through how you assess a new patient with a Class II malocclusion and plan their treatment.

Why they ask

This process question tests your clinical reasoning, systematic approach, and ability to communicate a treatment sequence clearly.

How to structure your answer

Start with the clinical examination and records, then explain your diagnostic reasoning and treatment options. Finish with how you involve the patient in decision-making.

Example answer

“First, I take a comprehensive history and perform a clinical examination, looking at facial profile, bite, and dental alignment. I then take photographs, radiographs, and a digital scan. Using Dolphin Imaging, I analyse skeletal and dental relationships to confirm a Class II diagnosis. I consider growth status, patient age, and compliance. Options might include growth modification with functional appliances, or camouflage with aligners, or surgical correction if the discrepancy is severe. I present these to the patient and family, discussing risks, benefits, and timelines. We agree on a plan, often starting with a phase of growth modification before full fixed appliances.”

2. Tell me about a time when a patient was not complying with their aligner wear and their treatment was falling behind schedule. How did you handle it?

Why they ask

This behavioural question assesses your patient management skills, empathy, and ability to get treatment back on track without damaging the relationship.

How to structure your answer

Use STAR: describe the situation and the patient's non-compliance, the task of getting them back on track, the action you took to address it, and the result in terms of treatment progress or patient understanding.

Example answer

"I had a teenage patient who was only wearing her aligners about half the time, and her teeth were not tracking. I sat down with her and her mother, without judgment, and asked what was making it hard. She admitted she was self-conscious wearing them at school. I showed her a ClinCheck simulation of the finished smile and explained that every missed day added time to her treatment. We agreed she would wear them at home and during sleep only, and I scheduled more frequent check-ins. Over the next few months her compliance improved, and we finished treatment only slightly behind the original estimate."

3. You notice a patient's root resorption on a routine radiograph during treatment. What do you do?

Why they ask

This scenario question tests your ability to make a safe clinical decision under pressure and to communicate a potentially worrying finding.

How to structure your answer

Show a calm, stepwise judgement: assess severity, pause or adjust treatment if needed, consult with colleagues or specialists, and discuss with the patient clearly.

Example answer

"I would first assess the extent of resorption on the radiograph and compare it with previous images to see how quickly it has progressed. If it is mild and stable, I might continue with lighter forces and monitor closely. If it is moderate or worsening, I would pause active tooth movement and consider referring to an endodontist or oral surgeon for advice. I would then explain the finding to the patient honestly, outlining the options: continue with caution, finish treatment earlier than planned, or stop and retain. I would document everything and schedule a follow-up radiograph to ensure the situation is controlled."

4. What factors do you consider when deciding between clear aligners and fixed braces for a complex case?

Why they ask

This technical question probes your clinical knowledge, your familiarity with aligner software, and your ability to weigh trade-offs for the patient.

How to structure your answer

List the clinical factors first, then explain how you weigh them, mentioning specific tools like ClinCheck and the patient's lifestyle or compliance.

Example answer

"I look at the complexity of tooth movement needed, such as rotation, extrusion, and torque control. I also consider skeletal relationships, patient age, and whether extractions or surgical correction are required. For aligners, I use ClinCheck to simulate the planned movement and check if the case is feasible. I factor in the patient's willingness to wear aligners for at least twenty hours a day, their manual dexterity, and their cosmetic priorities. For severe crowding or major jaw discrepancies, fixed braces often give more predictable control. I discuss both options with the patient and recommend the one that balances clinical effectiveness with their lifestyle."

5. How do you explain a two-year treatment plan and its costs to a nervous parent?

Why they ask

This patient communication question assesses your empathy, clarity, and ability to build trust with families who may be anxious about long-term commitment.

How to structure your answer

Lead with empathy, then break down the plan in plain language, then invite questions and check understanding.

Example answer

“I start by acknowledging that two years sounds like a long time and that it is normal to feel nervous. I explain the treatment in stages: first, records and planning; second, active tooth movement with regular visits; third, retention to keep the results. I describe what we will do at each stage and how often they will need to come in. For costs, I provide a written summary with payment plan options and explain what is included, such as retainers and follow-up visits. I then ask what questions they have and encourage them to take the information home. I make sure they know they can call the practice anytime.”

6. How do you supervise and support clinical and administrative staff in a busy orthodontic practice?

Why they ask

This leadership question explores your management style, your ability to delegate, and how you maintain morale and efficiency in a team.

How to structure your answer

Describe your leadership style briefly, then give examples of delegation, training, and feedback, and finish with how you measure success.

Example answer

“I believe in clear communication and leading by example. I start each day with a short huddle to set priorities and identify any complex cases. I delegate chairside tasks to qualified clinical assistants and ensure they have the training they need, such as regular in-services on new appliances or software. I give feedback in the moment, both positive and constructive, and I hold monthly one-on-ones with administrative staff to review scheduling and patient flow. I measure success by how smoothly the practice runs, how supported the team feels, and how satisfied patients are with their experience.”