Special Needs Dentist interview questions

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What to expect

Special needs dentistry interviews focus on your clinical judgement with patients who cannot use mainstream dental services, your ability to work in multidisciplinary teams, and your communication with carers and families. You will need to show you can balance patient comfort, safety and effective treatment.

- **Clinical reasoning:** Questions that ask you to think through a treatment plan for a patient with complex medical, behavioural or cognitive needs.
- **Behavioural:** Questions that ask for real examples of how you have managed anxious, uncooperative or vulnerable patients in the past.
- **Scenario:** Questions that put you in a hypothetical situation, such as a patient becoming distressed mid-treatment or a carer disagreeing with a plan.
- **Safety and infection control:** Questions about sterilisation, infection control and safe practice in hospital or community settings.
- **Communication and client-facing:** Questions about how you explain procedures to patients, carers and support workers, and how you handle disagreement.
- **Professional motivation:** Questions about why you chose special needs dentistry and how you keep your skills current.

Usually a panel interview with a dental director or specialist, a senior clinician, and sometimes a hospital or community health manager. You may be asked to walk through a recent case, discuss how you would manage a complex patient, and answer behavioural questions. Some public hospital roles include a short scenario or a tour of the facility, and credentialing checks happen after the interview.

1. Tell me about a time you treated a patient with severe dental anxiety or intellectual disability who could not cooperate with routine care. How did you manage it?

Why they ask

This is the core of the role. The panel wants to see your behaviour management skills, your patience, and whether you can adapt treatment without compromising safety.

How to structure your answer

Use STAR: describe the patient's situation and previous barriers, explain the specific techniques you used (such as tell-show-do, visual supports, short appointments, or sedation), and finish with the outcome for the patient and the clinic.

Example answer

“A patient with autism and a history of dental fear was referred to our community clinic after several failed appointments elsewhere. He would not sit in the chair or open his mouth for an examination. I started with two short familiarisation visits where he just sat in the waiting room and then in the chair with the light off. I used a visual schedule and let him hold a mirror. On the third visit, he allowed a brief look with the mirror only, no instruments. Over six visits we built up to a full examination and a scale and clean. He now attends every six months with his support worker, and we have avoided the need for a general anaesthetic for routine care.”

2. How do you decide between behaviour management techniques, sedation, and general anaesthesia for a patient with complex needs?

Why they ask

This tests your clinical reasoning and your understanding of the risks and benefits of each approach.

How to structure your answer

Walk through your decision-making process step by step: assess the patient's medical and behavioural history, consider the treatment required, weigh the risks of sedation or anaesthesia against the benefits, discuss options with the patient and carers, and review the plan after treatment.

Example answer

"I start with a thorough assessment of the patient's medical history, current medications, and any previous experiences with dental care. I also talk to carers about what triggers anxiety and what usually helps. If the patient needs a simple check-up or a small filling, I will try behaviour management first, such as desensitisation or using a mouth prop. If that is not enough, or if the treatment is more complex, I consider conscious sedation with nitrous oxide or midazolam, depending on the patient's health. For patients who need multiple extractions or extensive restorative work, and who cannot tolerate even sedation, I plan for general anaesthesia in a hospital setting with an anaesthetist. I always discuss the options with the patient where possible and with the family or carer, and I document the consent process carefully."

3. Describe a situation where you had to collaborate with a medical or allied health team to coordinate care for a patient with complex medical needs.

Why they ask

Special needs dentists work closely with other health professionals. The panel wants to know you can communicate across disciplines and advocate for your patient's oral health.

How to structure your answer

Use STAR, focusing on the team, your role in it, and the outcome for the patient. Highlight how you shared information and adjusted the dental plan based on others' input.

Example answer

"I treated a patient with advanced dementia who was also under the care of a geriatrician and a speech pathologist for swallowing difficulties. The patient had several broken teeth and was not eating well. I arranged a case conference with the geriatrician, the speech pathologist, and the residential aged care manager. We agreed that extracting the broken teeth under local anaesthetic in the clinic was too risky because of the patient's agitation, so we planned a short general anaesthetic at the hospital. The speech pathologist advised on post-operative diet, and the aged care team arranged transport and follow-up. The patient recovered well and was able to eat soft food again without pain."

4. A carer or family member disagrees with your proposed treatment plan for a patient who lacks capacity. How do you handle it?

Why they ask

This is an ethical and communication challenge. The panel wants to see you balance respect for the family with your clinical judgement and the patient's best interests.

How to structure your answer

Use a communication and ethics structure: listen to their concerns, explain your reasoning in plain language, check for any information you might have missed, involve the patient's substitute decision-maker or guardianship processes if needed, and document the discussion.

Example answer

"I would start by asking the carer to explain their concerns fully. Often there is a misunderstanding about the procedure or a past negative experience. I would then explain why I believe the treatment is necessary, using plain language and, if helpful, diagrams or models. I would also ask if there is any additional information about the patient's wishes or medical history that I should consider. If the disagreement continued, I would offer a second opinion from a colleague or arrange a meeting with

the patient's guardian or substitute decision-maker. Throughout, I would focus on the patient's best interests and document every discussion. If the carer still did not agree, I would follow the clinic's policy on consent and, if necessary, seek advice from the hospital's ethics committee."

5. What infection control and sterilisation procedures do you follow in a hospital or community dental setting, and how do you adapt them for patients with complex needs?

Why they ask

Infection control is non-negotiable. The panel wants to hear that you know the standards and can apply them when patients have additional risks, such as a suppressed immune system or a respiratory condition.

How to structure your answer

Give a clear, step-by-step walk-through of your routine, then explain how you adjust for complex needs. Mention relevant guidelines and your role in auditing or training others.

Example answer

"I follow the Australian Dental Association and NHMRC guidelines for infection control. That means hand hygiene before and after every patient, using personal protective equipment, cleaning and sterilising instruments in a validated autoclave, and using single-use items where appropriate. For patients with complex needs, I pay extra attention to their medical history, for example if they have a compromised immune system or a respiratory condition. I might use high-volume suction and rubber dam to reduce aerosols, and I schedule them at the start of the day when the clinic is cleanest. I also make sure carers and support workers understand hand hygiene and that any equipment they bring in, such as wheelchairs or communication devices, is cleaned appropriately. I take part in regular infection control audits and keep up to date with any changes in guidelines."

6. Why do you want to work in special needs dentistry, and how do you keep your skills current?

Why they ask

This is a motivation and professional development question. The panel wants to know you are committed to this small specialty and that you will stay engaged with ongoing learning.

How to structure your answer

Answer in two parts: first, your personal and professional reasons for choosing this field, with a brief story or example; second, the specific ways you keep your skills and knowledge up to date.

Example answer

"I chose special needs dentistry after working in a community clinic where many patients with disability were being turned away from mainstream practices. I saw how much difference a dentist who understood their needs could make, not just to their oral health but to their overall quality of life. To keep my skills current, I am a member of the Australian and New Zealand Academy of Special Needs Dentistry and I attend their conferences and webinars. I also do regular peer review with colleagues, read the latest clinical guidelines, and take courses in behaviour management and sedation. I also learn a lot from my patients and their carers, who teach me what works in real life."