Dental Hygienist interview questions

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What to expect

Dental hygienist interviews typically assess clinical competence, patient communication, and regulatory knowledge. Expect a mix of technical and behavioural questions, often with a practical component or scenario.

- **Clinical and technical:** Questions about your hands-on skills, such as scaling, radiography, and infection control.
- **Behavioural:** Questions that ask for examples from your past experience, often using the STAR method.
- **Scenario-based:** Hypothetical patient situations that test your judgement under pressure.
- **Regulatory and compliance:** Questions about AHPRA registration, Dental Board standards, and infection control protocols.
- **Patient education and communication:** Questions about how you explain treatments and motivate patients.

Interviews may start with a tour of the practice and a meet-and-greet with the team, followed by a structured Q&A; with the practice principal or senior hygienist. Some practices include a practical assessment, such as discussing a case study or demonstrating instrument handling. The interview usually concludes with an opportunity for you to ask questions.

1. Can you walk me through your typical process for a new patient appointment, from greeting to departure?

Why they ask

This question assesses your organisational skills, patient-centred approach, and familiarity with standard clinical workflows.

How to structure your answer

Walk through each step in order: greeting and medical history, oral assessment, radiographs if needed, scaling and polishing, education, and scheduling follow-up. Highlight how you keep the patient informed and comfortable throughout.

Example answer

“I start by greeting the patient and reviewing their medical history and any concerns. I then perform a thorough oral assessment, looking for signs of decay, gum disease, and other issues. If radiographs are needed, I take them using Planmeca Romexis, explaining the process to the patient. Next, I scale and polish their teeth, using gentle but thorough techniques. After that, I apply fluoride if indicated and discuss their oral hygiene routine, offering personalised advice. Finally, I schedule their next recall appointment and ensure they leave with any necessary resources. Throughout, I check in with the patient to make sure they are comfortable and answer any questions.”

2. Tell me about a time when you had to educate a patient who was resistant to changing their oral hygiene routine. How did you handle it?

Why they ask

This behavioural question explores your empathy, communication skills, and ability to influence positive health behaviours.

How to structure your answer

Use the STAR method: describe the Situation, Task, Action, and Result. Focus on your approach to understanding their resistance and finding a workable solution.

Example answer

“In one case, a patient with early gum disease was reluctant to floss, saying it was too time-consuming. I listened to their concerns and explained the specific risks of not flossing, linking it to their own goal of keeping their teeth. I then demonstrated a quick flossing technique that took less than a minute and suggested they keep floss picks in the shower as a reminder. Over a few visits, they began flossing regularly, and their gum health improved noticeably at recall.”

3. A patient becomes anxious during a scaling procedure and asks you to stop. How do you proceed?

Why they ask

This scenario tests your ability to manage patient distress, adapt your approach, and maintain a safe and supportive environment.

How to structure your answer

Acknowledge the patient's feelings, stop immediately, assess their comfort, and adjust your technique or offer a break. Communicate clearly and reassure them. Document the incident if needed.

Example answer

“I would immediately stop and remove my instruments, then reassure the patient that it is okay to take a break. I would ask what specifically made them anxious, whether it was the sensation, the noise, or something else. Depending on their answer, I might suggest a different handpiece, numbing gel, or simply proceeding more slowly. I would also remind them of their control, perhaps agreeing on a hand signal to pause. Once they felt ready, I would continue at a pace they were comfortable with, checking in often. If the anxiety was severe, I might suggest a topical anaesthetic or discuss options for a future visit.”

4. How do you ensure you are meeting AHPRA and Dental Board infection control standards in your daily practice?

Why they ask

This question verifies your knowledge of regulatory requirements and your commitment to safety.

How to structure your answer

Outline key protocols such as sterilisation, PPE, surface disinfection, and waste disposal. Mention audits, training, and documentation. Show you stay current with guidelines.

Example answer

“I follow standard precautions every day: I wear gloves, a mask, and eye protection, and I change gloves between patients. All instruments are either autoclaved or disposed of as per the practice's sterilisation protocol. I disinfect surfaces and equipment before and after each patient, using TGA-approved products. I also keep up to date with AHPRA and Dental Board guidelines by reading updates and attending infection control training. Our practice conducts regular audits to ensure compliance, and I document all sterilisation cycles. If I ever have a question, I consult the practice's infection control manual or ask the principal dentist.”

5. Describe your experience with taking dental radiographs and using software like Planmeca Romexis. How do you ensure quality images while minimising radiation exposure?

Why they ask

This technical question assesses your radiography skills, software proficiency, and patient safety awareness.

How to structure your answer

Explain your training and experience, the steps you take to position the patient and machine correctly, and how you use the software to capture and review images. Mention radiation safety principles such as

collimation and lead aprons.

Example answer

“I have taken intraoral and panoramic radiographs regularly, and I am comfortable with Planmeca Romexis. Before taking an image, I check the patient's medical history and confirm there are no contraindications. I position the patient correctly, use the appropriate settings for their size, and always use a lead apron with a thyroid collar. I make sure the exposure time is as short as possible. I then review the image on the software immediately, checking for clarity and diagnostic value. If it is not perfect, I adjust and retake only if necessary, always keeping radiation dose as low as reasonably achievable.”

6. How do you approach patient education for someone with a new diagnosis of gingivitis? What strategies do you use to make it stick?

Why they ask

This question explores your ability to communicate health information effectively and motivate long-term behaviour change.

How to structure your answer

Describe how you assess the patient's current knowledge, tailor your message, use visual aids or demonstrations, and set achievable goals. Emphasise follow-up and positive reinforcement.

Example answer

“I start by asking the patient what they already know about gingivitis and what their daily routine looks like. I then explain the condition in simple terms, using a mouth model or pictures to show where plaque accumulates and how it affects the gums. I demonstrate brushing and flossing techniques, and I ask them to show me how they do it so I can correct gently. I set small, specific goals, like flossing once a day for the next week, and I write down the steps for them. At the next visit, I check in on their progress and celebrate any improvements, which helps keep them motivated. I also make sure they know I am there to support them, not to judge.”