Endodontist interview questions

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What to expect

The interview for an endodontist role typically assesses clinical expertise, patient communication and your ability to work within a specialist practice. You may be asked to discuss cases, demonstrate your diagnostic reasoning and explain how you manage complex or emergency situations.

- **Clinical and technical:** Questions that probe your diagnostic skills, treatment planning and use of endodontic technology such as CBCT and the dental operating microscope.
- **Behavioural:** Questions about how you have handled challenging cases, worked in a team or managed patient expectations in the past.
- **Scenario-based:** Hypothetical situations, often involving dental trauma, complications or anxious patients, to see how you think on your feet.
- **Safety and compliance:** Questions on infection control, sterilisation and adherence to Australian standards and guidelines.
- **Patient-facing:** Questions on how you explain procedures, obtain consent and support patients through treatment.

Interviews are usually conducted by a panel that may include the practice principal, a senior endodontist and a practice manager. The session often begins with an introduction and overview of the practice, followed by clinical case discussions or a practical scenario. You will then be asked behavioural and situational questions. The interview typically ends with an opportunity for you to ask questions about the role and the practice.

1. Can you walk me through your process for diagnosing and treating a tooth with irreversible pulpitis?

Why they ask

This question assesses your clinical reasoning, knowledge of endodontic procedures and ability to communicate a structured approach.

How to structure your answer

Use a step-by-step walk-through. Start with patient history and chief complaint, then describe clinical tests, radiographic interpretation, diagnosis and treatment planning. Outline the procedure from anaesthesia and isolation to access, cleaning, shaping, obturation and restoration.

Example answer

“I begin by taking a thorough history, noting the nature, duration and triggers of the pain. I then perform clinical tests including palpation, percussion, cold and electric pulp testing, and I take periapical radiographs and possibly a CBCT scan if I need more detail. If the pulpitis is irreversible, I explain the diagnosis to the patient and discuss root canal treatment. After obtaining informed consent, I administer local anaesthesia, isolate the tooth with a rubber dam and gain access. I use rotary and hand instruments to clean and shape the canals, irrigate with sodium hypochlorite and confirm working length with an electronic apex locator. I then obturate the canals and place a temporary or definitive restoration. I always follow up to ensure the patient is comfortable and the tooth is settling.”

2. Tell me about a time you managed a complex endodontic case where the initial treatment approach did not go as planned.

Why they ask

This behavioural question explores your problem-solving skills, adaptability and ability to handle complications.

How to structure your answer

Use the STAR method: describe the Situation, the Task, the Action you took, and the Result. Focus on a specific case, what went wrong, how you adapted, and the outcome for the patient.

Example answer

“I was treating a lower molar with a curved canal that had previously had a failed root canal. During negotiation, I encountered a ledge and could not proceed with the rotary file as planned. My task was to complete the treatment without causing further damage. I switched to hand files and used the dental operating microscope to visualise the canal anatomy. I also took a CBCT scan to confirm the curvature. I carefully bypassed the ledge, cleaned and shaped the canal, and obturated it successfully. The patient's symptoms resolved, and the tooth was saved. I learned the value of having multiple strategies and using magnification when complications arise.”

3. A patient presents with a dental trauma after a fall, with a fractured maxillary central incisor and pulpal exposure. How would you manage this?

Why they ask

This scenario question tests your ability to handle an emergency, prioritise treatment and communicate with a distressed patient.

How to structure your answer

Show judgement under pressure. Start with immediate assessment and stabilisation, then outline treatment options, discuss them with the patient, and describe follow-up care. Emphasise urgency and patient reassurance.

Example answer

“First, I would assess the patient's general condition and check for any other injuries. I would examine the fractured tooth, test pulp sensibility and take radiographs to rule out root fracture or alveolar bone involvement. If the pulp is exposed, I would consider a partial pulpotomy or root canal treatment depending on the maturity of the tooth and the time since injury. I would explain the situation to the patient calmly, obtain consent and proceed with treatment under local anaesthesia and rubber dam isolation. I would use a dental operating microscope for precision. After treatment, I would provide post-operative instructions and schedule a review to monitor healing and vitality. If the tooth is immature, I might consider apexification or regenerative endodontic procedures.”

4. How do you ensure infection control and sterilisation in your practice meet Australian standards?

Why they ask

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

How to structure your answer

Describe your protocols in a logical order: hand hygiene, personal protective equipment, instrument reprocessing, sterilisation monitoring and waste management. Reference the relevant guidelines, such as the Australian Dental Association's infection control guidelines and AS/NZS standards.

Example answer

“I follow standard precautions, including hand hygiene before and after every patient contact, and I wear appropriate personal protective equipment. All instruments are reprocessed according to the Australian Dental Association's infection control guidelines and AS/NZS 4815. This includes cleaning, packaging and sterilising in an autoclave, with regular validation using chemical and biological indicators. I also ensure that surfaces are disinfected between patients and that waste is segregated correctly. I keep up to date with any changes to guidelines and participate in practice audits. My goal is to maintain a safe environment for patients and staff.”

5. How do you explain the need for a root canal treatment to an anxious patient?

Why they ask

This patient-facing question assesses your communication skills, empathy and ability to obtain informed consent.

How to structure your answer

Use a patient-centred approach. Acknowledge the patient's anxiety, explain the procedure in plain language, use visual aids if helpful, address concerns and confirm understanding. Avoid jargon.

Example answer

“I start by acknowledging the patient's anxiety and reassuring them that I will do everything I can to make them comfortable. I explain that the tooth has an infection or inflammation in the pulp, and that a root canal treatment removes the diseased tissue to save the tooth and relieve pain. I use simple terms, avoiding jargon, and I might show a diagram or model. I explain each step, including anaesthesia and isolation, and I let them know they can ask questions at any time. I also discuss what will happen after treatment. I make sure they understand the alternatives, such as extraction, and the risks of not treating. I then obtain informed consent and proceed at a pace that suits them.”

6. What is your approach to interpreting a CBCT scan for endodontic treatment planning?

Why they ask

This technical question gauges your proficiency with advanced imaging and your systematic approach to diagnosis.

How to structure your answer

Describe a systematic review: check image quality, orient the scan, review the tooth of interest in all planes, assess canal anatomy, look for pathology such as periapical lesions or resorption, and note any anatomical structures at risk. Relate findings to treatment planning.

Example answer

“I begin by confirming the scan is of diagnostic quality and that the field of view covers the region of interest. I then review the scan in axial, sagittal and coronal planes, focusing on the affected tooth. I assess the number, shape and curvature of canals, look for additional canals, and check for any calcifications or resorptions. I also examine the periapical bone for lesions and the relationship of roots to adjacent structures like the inferior alveolar nerve or maxillary sinus. Based on these findings, I plan access, instrumentation and obturation. I document the findings and use them to discuss the case with the patient or referring dentist.”