# Periodontist interview questions

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## What to expect

Interviews for periodontist roles in Australia typically assess your clinical reasoning, surgical skills, patient communication and understanding of infection control. You may be asked to discuss cases, demonstrate your approach to treatment planning and show how you work within a multidisciplinary team.

- **Clinical reasoning:** Questions that ask you to think through a diagnosis, treatment plan or complex case from start to finish.
- **Behavioural:** Questions about past experiences with patients, colleagues or challenging situations, usually answered with the STAR method.
- **Scenario:** Hypothetical situations that test your judgement under pressure, such as a medical emergency or a difficult patient interaction.
- **Technical:** Questions about your surgical technique, implant placement, use of imaging software or interpretation of radiographs.
- **Safety and infection control:** Questions about sterilisation, compliance with Australian standards and maintaining a safe clinical environment.
- **Patient education:** Questions that explore how you explain conditions, motivate behaviour change and support long-term maintenance.

The interview usually begins with a conversation about your registration and specialist training, followed by case-based questions and a tour of the practice. You may meet the principal dentist, practice manager and other specialists. Some employers ask for a portfolio of cases or a short presentation.

## 1. Walk me through your process for diagnosing and treatment planning a patient with generalised severe chronic periodontitis.

**Why they ask**

This assesses your clinical reasoning, knowledge of periodontal assessment and ability to structure a treatment plan.

**How to structure your answer**

Use a step-by-step walk-through: history, clinical examination, radiographs, diagnosis, treatment phases and maintenance.

**Example answer**

*“I start with a thorough medical and dental history, noting any risk factors such as smoking or diabetes. Then I perform a full periodontal examination, including probing depths, recession, mobility and plaque scores. I take radiographs and, if needed, a CBCT scan to assess bone levels. Based on the 2017 World Workshop classification, I diagnose generalised severe chronic periodontitis. My treatment plan begins with initial therapy: oral hygiene instruction, scaling and root planing under local anaesthetic, and a review at six to eight weeks. If there is residual inflammation, I consider surgical intervention such as flap surgery. I also discuss risk factor control and set a maintenance schedule every three months.”*

## 2. Tell me about a time you had to manage a patient who was anxious about periodontal surgery.

**Why they ask**

This explores your empathy, communication skills and ability to adapt care for patient comfort.

**How to structure your answer**

Use STAR: Situation, Task, Action, Result.

**Example answer**

*“A patient was referred for a gum graft but was extremely nervous and had avoided dentists for years. My task was to complete the graft while managing her anxiety. I spent extra time explaining each step, showed her the instruments and agreed on a stop signal. I used a topical anaesthetic before the local, and I kept the procedure short with frequent breaks. As a result, she completed the surgery and has since attended all maintenance appointments.”*

## 3. How would you handle a situation where a patient's medical history reveals a bleeding disorder and they need periodontal surgery?

**Why they ask**

This tests your judgement under pressure, patient safety awareness and ability to coordinate with medical professionals.

**How to structure your answer**

Use a judgement-under-pressure structure: assess risk, consult, plan, communicate, document.

**Example answer**

*“First, I would review the medical history and confirm the specific bleeding disorder and any medications. I would consult the patient's haematologist or general practitioner to understand the risks and get clearance. If surgery is still appropriate, I would plan it in a hospital setting with haematology support, use local measures such as sutures and haemostatic agents, and schedule the appointment early in the day. I would document all advice and ensure the patient understands post-operative care. If the risk is too high, I would consider non-surgical alternatives.”*

## 4. Describe your experience with placing and maintaining dental implants. What factors do you consider for long-term success?

**Why they ask**

This assesses your technical knowledge and surgical experience with implants, a core part of periodontics.

**How to structure your answer**

Use a technical explanation: experience overview, key factors, maintenance protocol.

**Example answer**

*“I have placed implants in both single-tooth and multiple-tooth cases, often in the aesthetic zone. For long-term success, I consider bone quality and volume, soft tissue biotype, the patient's oral hygiene and systemic health, and the restorative plan. I use CBCT for planning and often a surgical guide. After placement, I recommend a maintenance schedule with professional cleaning and regular radiographs. I also educate patients on the signs of peri-implantitis and the importance of not smoking.”*

## 5. How do you ensure infection control and sterilisation compliance in your practice?

**Why they ask**

This checks your knowledge of Australian standards and your commitment to safety.

**How to structure your answer**

Use a process walk-through: standards, daily routines, documentation, training.

**Example answer**

*“I follow the current National Health and Medical Research Council guidelines and the Dental Board of Australia's infection control requirements. In my practice, we use single-use items where possible,*

*autoclave all instruments with cycle monitoring, and maintain a clean zone for instrument reprocessing. I ensure all staff are trained and that we keep logs of sterilisation cycles. I also conduct regular audits and update protocols when standards change."*

## 6. How do you educate patients on oral hygiene and prevention, especially those with poor compliance?

**Why they ask**

This explores your patient education skills and ability to motivate behaviour change.

**How to structure your answer**

Use a client-facing structure: assess barriers, tailor education, use aids, follow up.

**Example answer**

*"I start by asking the patient about their current routine and any barriers, such as time or dexterity. I then tailor my advice to their specific needs, demonstrating techniques on a model and using disclosing tablets to show plaque. I recommend aids like interdental brushes or an electric toothbrush if appropriate. I set small, achievable goals and schedule a follow-up to review progress. I also explain the link between gum health and general health, which often motivates patients."*